



Doctoral Student Professional Development Award Application
Department of Counseling and Human Services
OLD DOMINION UNIVERSITY

*This form must be submitted by the fall or spring/summer deadline and must be a single PDF document that includes all supporting documentation. Upload request form and required documents at <https://forms.odu.edu/view.php?id=370714> . Limit of \$450 per academic year (**Reimbursement Only**) unless more funds are available. Only those majoring in a department degree will be considered and must include signature of supporting CHS faculty member below. We can't approve funding for trips that have already taken place. Reimbursements are due 30 days after return from conference.*

If international travel, there are additional approvals, documentation and steps needed. International travel has to be pre-approved 60 days or more in advance. Place an X in the box and you will be contacted regarding the process and additional documentation

If applying for additional funding from the Dean's Office, please ensure to submit the Dean's funding application with this application. All dean funding requires dept matching funding. Place an X in the box if you are applying for additional funding from the Dean's Office?

Applicant information

Name: _____ Major: _____ GPA: _____ Graduation Date: _____ Date: _____

Conference Information:

Conference Name, Sponsoring Organization, and Location: _____

Refereed: Yes No Type of Conference/Event: National/**International*** Regional State Local

Number of CHS funded conferences attended this academic year (Maximum of 1): _____

Presentation(s)/Creative Activity(ies) Information:

Current Status of Proposal: Accepted Under review Wait listed Rejected No proposal attending only

Type of Presentation: 60 min panel round table poster other (describe on attachment)

Presentation Title: _____

1. Include proof of acceptance including contact name/email and
2. Include a one page (max) abstract of the presentation, or description of the activity you will be leading containing the day and time of session along with a list of all individuals presenting with you.

*If only attending the conference (**undergraduate only**)*

1. Include a one page (max) summary of how attendance will contribute to your educational and career objectives. Include any specific activities that you will be engage in at the conference.
2. Include a brief statement of support for attendance (no more than 250 words) from your supporting CHS faculty member who also must sign this form.

Estimated Conference Expenses and Amount Requested: The Following expenses are not covered: food, shuttle's or rental cars once in the city of the conference, certain additional expenses associated with car rental, other incidentals.

Estimated cost of transportation to and from conference only: _____

Estimated cost of conference/seminar registration: _____

Estimated cost of lodging: (Alt lodging such as AirBnB, BnB, condos must be pre-approved in advance by Accounts Payable Travel _____)

Parking, boarding passes, shuttles, taxis (to and from hotel to airport or conference location) _____

Funding from other sources (other than personal): _____

Total amount requesting (maximum \$450): _____

Upload request form and required documents at <https://forms.odu.edu/view.php?id=370714>

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Authorization & Signatures:

Signature of Supporting CHS Faculty Member:

Name (Printed)

Signature

Date

Signature of Student Applicant:

Name (Printed)

Signature

Date

*****Please remember to include all signatures and required documents as one email attachment*****

Cut and Paste attachments in the following box (formatting will be removed) or create one pdf document