LSAMP UNDERGRADUATE TRAVEL REQUESTS
(Please type and email form to lsamp@calstatela.edu)

1. Full Name: _____

2. <u>Complete</u> Mailing Address: _____

3. Phone #: _____   Email: _____

4. Class Level (freshman, sophomore, junior, senior): _____

5. CIN: _____   Date: _____

6. Please answer the following questions:

    a. What is the name of the conference/meeting? _____

    b. Where is the conference located? _____

    c. What are the dates of the conference? _____

    d. Are you presenting an oral or poster paper or nothing? _____

    e. If you are presenting, did you properly acknowledge LSAMP (see acknowledgement statement)? _____ yes   _____ no

    f. Please provide the website for the conference: _____

    g. Travel budget:
       i. Registration Fee:_____

       ii. Mileage/Airfare: _____

       iii. Hotel Costs (including taxes): _____

       iv. Per diem Costs (breakfast ; lunch ; dinner): _____

       v. Other costs (explain): _____

       vi. Total costs:_____

h. What is the purpose of this conference/meeting?

i. How will the conference contribute to your academic or career development?