LINDENWOOD
U N I V E R S I T Y

CSTH Research Travel Assistance Program Funding Request Form

Date	
Last Name of Applicant	
First Name of Applicant	
Type of Presentation	Missouri Out of State International
Type of Student	Undergraduate Student Graduate Student
Any other funding sources available to support request?	Yes No
Mobile Number	
Email	
Anticipated Date of Travel	
Funding Requested for Primary Mode of Travel	
Funding Requested for Secondary Mode of Travel	
Funding Requested for Lodging	
Funding Requested for Conference Registration	
Total Amount of Funding Requested	
Title of Project Being Presented	
Name of Conference Where Presentation is Scheduled	
Location of Conference	