



XXVII Texas Symposium
1963-2013 Jubilee

Funding Request Form

PERSONAL INFORMATION

Last Name: _____ First Name: _____
Mailing Address: _____
City: _____
State: _____ Zip Code: _____
E-mail Address: _____ Phone Number: _____
Citizenship: U.S. Citizen
 Permanent Resident
 Other non-U.S. citizen
Date of Birth:

EDUCATION

University: _____
Department: _____
Degree Program: M.A. Expected
 Ph.D. Completion
 Bachelors Date:
Research
Supervisor: _____

Title of Abstract
Submitted:
(if applicable)

Presentation
Abstract
(if applicable)

List of
Publications and
Previous
Presentations:
(if applicable)

FUNDING REQUEST INFORMATION

Please indicate costs in U.S. dollars (\$)

Airfare Cost:

Registration Fee:

Total Amount
Requested:

Other support obtained and/or applied for to participate in this meeting:

Describe how you will benefit from attending the Texas Symposium:

**Please e-mail the completed form to:
Texas2013@utdallas.edu
Or fax: 972-883-4569**
