

# Honors Capstone Presentation Support Request

Date of Application: \_\_\_\_\_

Student Name: \_\_\_\_\_ Faculty Supervisor Name \_\_\_\_\_

Student Major Department: \_\_\_\_\_ Faculty Dept/School: \_\_\_\_\_

Title of Capstone Project Presentation: \_\_\_\_\_

Conference Title: \_\_\_\_\_

Conference Location: \_\_\_\_\_

Conference Dates: \_\_\_\_\_

Funding is requested to cover the following expenses not covered by other interther \_\_\_\_\_ 6 \_\_\_\_\_ s nf4 (y)14

\_\_\_\_\_ Tw 39.39 0 Td ( )Tj EMC Tc -0.008 Tw -8.2 -1.98 Td [(C)5 (o)-1 (n)-3 21fere\_st \_\_\_\_\_ ( \_\_\_u\_)10 l \_\_\_y(