

## Application for Student Travel Support to the SESAPS Meeting

**\*\*The student must be a presenter at a SESAPS session\*\***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

UNDERGRADUATE/CLASS: \_\_\_\_\_

GRADUATE/CLASS: \_\_\_\_\_

ABSTRACT TITLE:

\_\_\_\_\_

ABSTRACT AUTHORS:

\_\_\_\_\_

AMOUNT REQUESTED (\$250 MAX): \_\_\_\_\_

PURPOSE OF REQUESTED FUNDS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CERTIFICATION OF RESEARCH ADVISOR (Please have your research advisor sign this line certifying that you are presenting this paper and send an email to Dr. Haase.)

\_\_\_\_\_

RETURN BY ***September 30th*** TO:

Dr. David G. Haase

Physics Department

North Carolina State Univ.

Raleigh, NC 27695-8202

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