

## Professional Skills Travel Form

Have you passed your Qualifying Exams and been admitted into Candidacy?

**Yes**

**No**

\_\_\_\_\_ :**Date Submitted to SGSHS**

**Student Name :** \_\_\_\_\_

**Graduate Program :** \_\_\_\_\_

**Workshop/Review Course Name :** \_\_\_\_\_

**Dates of Workshop/Review Course & Location:**

\_\_\_\_\_

**Justification to attend/benefit of attendance:**

\_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Mentor Signature**

\_\_\_\_\_  
**Program Director Signature**

\_\_\_\_\_  
**Dean Signature, School of Graduate Studies**

Attach internet information about the workshop for review