**PhD Student Travel Request**

**Please return completed form to Melissa Best (****bestm2@uw.edu****) at least 30 days prior to the conference.**

|  |  |
| --- | --- |
| Name: |  |
| Conference Name: |  |
| Conference Date: |  |
| Conference Location: |  |

Are you:

* Presenting Yes
* Discussant Yes
* Chairing Session Yes
* Other (specify):

Have you already used your Graduate School or PhD program Funding? Yes

Are you currently in good academic standing and enrolled and will you be at the time of the conference? Yes

What is your relationship with the Runstad Department of Real Estate:

* Current or previous TA or RA Yes
* One or more of my committee members are Runstad Department of Real Estate faculty members Yes
	+ Specify names:
* Other (specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Budget**

|  |  |
| --- | --- |
| **Estimated Costs** |   |
| Conference Fees: |  |
| Travel Costs: |  |
| Lodging: |  |
| Other (specify): |  |
| Total Requested: |   |

***This form has been reviewed and approved by:***

|  |
| --- |
| RUNSTAD DEPARTMENT OF REAL ESTATE: |
|  Chair |  Date  |