Compton Graduate Student Research Methods Training or Professional Development Award  
College of Health and Human Sciences  
Application Cover Form

Student Information:
Name: ___________________________ Academic Year: ________________
Academic Department/School: ____________________ College:______________
Email address: _________________________
What is your expected graduation date: ______
Degree sought (PhD or MS):____

Have you attended other conferences while at Purdue? If yes, please provide the name and dates:
Have you previously received support for travel this year, including for this conference, from your department, the College, or the University? If yes, please describe the source and amount:
Have you previously received a Compton Graduate Travel Award or a Training or Professional Development Award, and if so, what date? ______
Is the training you will receive a component of your degree requirement?____
Have you previously received support for other workshop/conference, including for this one, from your department, the College, or the University? If yes, please describe the source and amount:

Presentation Information:
Title of Conference/Workshop: 
Dates of Conference/Workshop: 
Location of Conference/Workshop: 

Information for Faculty Mentor/Advisor for Graduate Student:
Name: ____________________ Title
Department/School: ____________________ College: 
Address: ____________________ email: 

Signatures
Student: I certify that I have read and agree to the current rules and directions for the Compton Research Methods Training or Professional Development Award and certify that all information I have provided in this application is accurate. I further grant permission to the College to verify my status as a student in good standing at Purdue, my eligibility for the Award and to use my photo in the promotion of graduate research in the College of Health and Human Sciences.
Applicant Signature: ____________________________ Date: 

Faculty Mentor: I certify that I have read this award application, that the research methods or professional development workshop will likely benefit the research or professional development of the student, the student is in good standing at Purdue, all information in this application is accurate to the best of my knowledge, and this student is likely to attend the workshop/conference.
Faculty Signature: ____________________________ Date: 

Faculty Name: ________________________________
Summary (total 1 page or less)

a. Please provide brief description of the workshop/class and either a link to, or a PDF of the solicitation, for the conference/workshop the student wishes to attend.

b. Please provide a brief rationale (~1 paragraph) on how it will enhance their dissertation research or their development as a scientist.

c. Please briefly describe how you expect to benefit from attendance at this conference.

Estimated Budget

*Please fill in an estimate in the following categories for the cost of the trip as appropriate*

Travel

- Estimated plane fare:
- Mileage:
- Other:

Hotel

- # nights:
- Estimated cost/# staying in room:
- Total estimated:

Registration for conference:

Other:

Total estimated cost: