TEXAS A&M UNIVERSITY
College of Agriculture
& Life Sciences

TOM SLICK FELLOWSHIP
Professional Development Grant

$_____ **Amount Requested (max $1000)**

Student Name: _____UIN:_____

Department:_____ Major: _____

Time period of your Tom Slick Fellowship Award: _____

Briefly describe and justify the student development activity.
(travel to a meeting, workshop, short course, visit another lab to learn techniques, registration, unique educational activity, etc.; cannot be to defray the cost of travel or research expenses (operational, supplies, sample/assay analysis, etc.) needed to complete the dissertation research.)

If it is for travel and/or registration to attend a scientific conference or workshop complete below:

Society, Conference or Workshop: _____

Title of Paper, Abstract or technique learned _____

_____

☐ Oral presentation ☐ Poster with oral component (with set time to be present at poster)

Faculty Co-Author(s):_____

Date of travel: _____ Location:_____

Submitted / Recommended By: Date: _____

_____ _____
Student E-Mail

_____ _____
Recommended approval by Faculty Advisor E-Mail

Approved by Chair Tom Slick Committee: _____ Date _____

Prior to award being posted to your student account, you must turn in receipts that verify travel expenses (registration, airfare, hotel, meals) at least equivalent to the amount of the award

Email PDF of completed/signed application to aglsgradinfo@tamu.edu; and copy jnorgaard@tamu.edu