



APPROVAL FOR PRESENTATION SUBMISSION

**Before** submitting your abstract to a meeting, please return this completed form, copy of your abstract, and the meeting information to Research Director (Harrogate: adam.gromley@lmunet.edu Knoxville: natalie.freeman@lmunet.edu)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

OMS Year: \_\_\_\_\_

Email: \_\_\_\_\_

Title of Poster/Presentation: \_\_\_\_\_

Poster/Oral Presentation/TBD: \_\_\_\_\_

Research Advisor Information:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date(s) or Date Range research was conducted: \_\_\_\_\_

Conference Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Faculty Attending: \_\_\_\_\_

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Research Advisor Acknowledgment: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Research Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Sr. Associate Dean of Research Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**\* NO INTERNATIONAL TRAVEL WILL BE APPROVED\***

**\*ONLY ONE AUTHOR (1<sup>st</sup> AUTHOR) PER PRESENTATION WILL BE FUNDED\***

**\*STUDENTS WILL ONLY BE REIMBURSED FOR 1 MEETING PER FISCAL YEAR (7/1-6/30)\***

**\*LMU-DCOM AFFILIATION IS REQUIRED\***