



## SUNY AGEP PROFESSIONAL ORGANIZATION MEMBERSHIP REIMBURSEMENT REQUEST FORM

Please provide the following information to request reimbursement for the cost of membership in one professional organization, at the student rate, up to \$100 per year. Return completed form, with supporting documentation, to the AGEP Office, 401 Capen.

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

UB EMAIL ADDRESS: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

COST: \_\_\_\_\_

How do you anticipate that membership in this professional organization will aid you in your professional development and entry into the professoriate?

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

DEGREE PROGRAM TYPE:    MASTERS \_\_\_\_\_ DOCTORATE \_\_\_\_\_

DEGREE PROGRAM TITLE: \_\_\_\_\_

DATE OF CANDIDACY: \_\_\_\_\_

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Confirmation of support: Through my signature below, I confirm that this AGEP-eligible student will benefit from membership in the above-named professional organization supported with AGEP funds.

Name of Academic Advisor: \_\_\_\_\_

Signature of Advisor: \_\_\_\_\_

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