

**CONFERENCE AND SEMINAR FORM**  
**FOR P1s, P2s, P3s**

*HAMPTON UNIVERSITY SCHOOL OF PHARMACY*

**TO BE COMPLETED BY THE STUDENT**

Name: \_\_\_\_\_ HU ID: \_\_\_\_\_

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

Current Phone #: \_\_\_\_\_ Professional Level: \_\_\_\_\_

**Conference/Seminar Information:**

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Reason for Attendance: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Per policy, please submit the **Request for an Excused Absence** form.

**Complete this section and obtain mentor's signature if presenting at the conference:**

Presentation Title: \_\_\_\_\_  
\_\_\_\_\_

**To be completed by the mentor:**

**I have reviewed student's work and approve it for presentation.**

Mentor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Per policy, please submit the **abstract** and **letter of acceptance** if presenting at the conference.

**SIGNATURES**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assistant Dean of  
Student Affairs & Assessment:** \_\_\_\_\_ **Date:** \_\_\_\_\_

cc: Faculty advisor