



NORTHERN ILLINOIS UNIVERSITY

School of Allied Health and Communicative Disorders

College of Health and Human Sciences

Support for Professional Activities

Requests will be reviewed and if funded, you will be notified by the department of the amount approved for reimbursement.

Student Name: _____ Date: _____

Major: _____ Email: _____

Funds requested \$ _____

Please give a detailed explanation of why you are requesting the funds:

What are the expected outcomes of this experience?

How will this impact your educational experience?

Student Signature: _____ Date: _____

*In order to be reimbursed for your professional activities, please remember that you will need to submit original receipts to the department. This includes, but is not limited to airfare, lodging, registration fees, meals, etc. Receipts must show payment in full and form of payment used. For any questions, please contact the AHCD Main Office at (815) 753-1484.