



Institute of Transportation Engineers
Missouri Valley District

Thomas J. Seburn Student Paper Application Form

Preferred mailing address (this will be the address used to notify you of the status of your application):

First Name: _____ Last Name: _____

Street/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Indicate the college / university you are attending in the current academic year:

University: _____ Department: _____

Degree Program: _____ Expected Graduation Date: _____

Advisor: _____

I certify that the information provided on this form is true and correct.

Signature: _____ Date: _____