



School of Medicine

Office of Graduate Scholars

GRADUATE STUDENT PROFESSIONAL TRAVEL AWARD APPLICATION

Application Date: _____

Award Recipient: _____ I.D.# _____

Title of Paper: _____

Co-author(s): _____

I am requesting travel funds to attend the:

_____. The conference/meeting
(Title of conference/meeting)

will be held on _____ in _____.
(Date(s) of conference/meeting) (Location of conference/meeting)

Matching funds will be provided by: _____

Signature: _____
(Department Sponsor/Program Director)

Student Confirmation of Acceptance of Award

I confirm that I am a currently enrolled Ph.D. student in the _____ Program at the School of Medicine. I am the presenter of the above work, which I will present at the conference/meeting listed above.

Signature of Award Recipient Date: _____

I concur with the above information

Signature of Advisor Date: _____

Signature of Department Chair/Director Date: _____

Approved: Not Approved:

Signature Date: _____

Amount of Graduate Office award: _____
Amount of department award: _____
Other award (please specify): _____

Return to School of Medicine Office of Graduate Scholars, Room 1128 Scott Hall.