



COLLEGE OF MEDICINE

Graduate Students & Post Doctoral Fellows Conference Travel Awards

COST ESTIMATE and COLLEGE OF MEDICINE APPROVAL FORM

NAME: _____

DEPT: _____

PHONE: _____

EMAIL: _____

PROGRAM: _____

Masters

Ph.D.

Post Doc

IF APPLICABLE, DATE OF MOST RECENT TRAVEL AWARD APPLICATION: _____

Cost Estimate

(information about allowable expenses is available from your Departmental office)

Registration: \$ _____

Travel: Airfare _____

Taxi, Airport, Bus, etc. _____

Private auto _____

Bus Fare/Train fare _____

Accommodation: _____

Meals: _____

Miscellaneous: _____

TOTAL: \$ _____

Conference

Name: _____

Destination: _____

Date of Event: _____

Recommended by Program Supervisor

Yes _____ No _____

Date: _____

Amount Recommended:

Masters <= \$1,250 _____

Ph.D. <= \$1,250 _____

Post Doc <= \$1,250 _____

Comments: _____

Supervisor: _____

Signature: _____

Supervisor

Signature: _____

Department Head

Approval by Vice Dean, Research

Date: _____

Approved: Yes _____ No _____

Amount Approved: \$ _____

Comments: _____

NOTE: Successful applicants must submit a half page report within 30 days after conference ends.

Signature: _____

Vice Dean of Research or Designate