



School of Medicine

Office of Biomedical Graduate Programs

**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): \_\_\_\_\_