

**APPLICATION FOR SUPPORT:
STUDENTS PRESENTING A PROJECT AT A PROFESSIONAL MEETING**

UC San Diego, Skaggs School of Pharmacy and Pharmaceutical Sciences
Office of Student Affairs (OSA)

***** You must submit the Abstract Acceptance Letter you received from the conference organizers along with this application. *****

***** OSA will reimburse a maximum of \$750 per project, not per person collaborating on the project *****

***** A stipend may reduce your loan eligibility. Please check with the Health Sciences Financial Aid Office. *****

* Required

* First Name: * Last Name: * PID:

* Year in School: Class of: * Type of Presentation: Oral Presentation Poster Presentation

* Title of Presentation:

* List of Authors/Co-Authors (in order as on accepted abstract):

* Meeting (Name of meeting):

* Location of Meeting:

* Begin Date of Meeting:

* End Date of Meeting:

TRANSPORTATION/LODGING/REGISTRATION EXPENSES

Airfare for Trip: Auto Mileage: Parking Expense: Ground Transportation:

Meeting Registration: Lodging Expense: Other Expense (Specify):

(Reimbursement will be at student, early registration rate)

ESTIMATED TOTAL EXPENSES:

Amount to be Obtained from Other Sources: Amount Requested from OSA:

*I understand that I must submit original itemized receipts, showing the amount paid, no later than 5 days following my return from this meeting. I will submit this completed form and all receipt to: sspps-studentaffairs@health.ucsd.edu .

Signature: _____ Date: _____

LEAVE BLANK (For OSA Use Only)

Date Received: _____ Approved: _____ Amount: \$ _____

Not Approved: _____ Reason Not Approved: _____

Director of Student Research Travel: _____ Date: _____