

APPLICATION FOR SUPPORT

Students Presenting a Project at a Professional Meeting

Office of Student Affairs (OSA)

BEFORE YOU SUBMIT

- Attach the Abstract Acceptance Letter you received from the conference organizers.
- OSA will reimburse a maximum of \$800 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.

STUDENT INFORMATION

First Name	* Last Name	* TSN ID#
* Year in School	Class of	* Type of Presentation (Oral or Poster)

PRESENTATION & MEETING DETAILS

* Title of Presentation	
* Authors/Co-Authors (in order as on accepted abstract)	
* Meeting (name of meeting)	* Location of Meeting
* Begin Date of Meeting	* End Date of Meeting

ESTIMATED TRANSPORTATION / LODGING / REGISTRATION EXPENSES

Airfare for Trip	Auto Mileage	Parking Expense	Ground Transportation
Meeting Registration	Lodging Expense	Other Expense (specify)	Other Expense Amount

Meeting registration reimbursement will be at the student early-registration rate.

Estimated Total Expenses	Amount from Other Sources	Amount Requested from OSA
--------------------------	---------------------------	---------------------------

REIMBURSEMENT ACKNOWLEDGMENT

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 receipts to sspps-studentaffairs@health.ucsd.edu.

Student Signature (type full name)	Date
------------------------------------	------

FOR OSA USE ONLY - LEAVE BLANK

Date Received	Approved (Yes/No)	Approved Amount (\$)
Not Approved (Yes/No)	Reason Not Approved	
Director of Student Research Travel	Date	