

UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences
Office of Student Affairs (OSA)
Application for Student Delegates to Professional Meeting

Name:

TSN ID#:

Year in School: 1: 2: 3: 4:

Meeting:

Location:

Dates:

Purpose of Trip:

Lodging Expense: \$

Meeting Registration Expense: \$

Airfare: \$

Parking Expense: \$

Auto Mileage:

Ground Transportation: \$

Total Expense: \$

Amount to be Obtained From Other Sources: \$

Amount Requested from OSA: \$

I understand that I must submit an original itemized receipt, showing the amount paid, no later than 10 days following my return from the meeting. I will submit this completed form and all receipts to: sspps-studentaffairs@health.ucsd.edu.

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

Signature:

Date: