

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

Name:

PID #:

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](mailto:sspps-studentaffairs@health.ucsd.edu).

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

Signature:

Date: