

**APPLICATION FOR SUPPORT FOR 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. *****

* 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 the OSA will only pay for the early discount, student member registration fee. I also understand that I must submit original itemized receipts, showing the amount paid, no later than 5 days following my return from this meeting.

Signature: _____ Date: _____

LEAVE BLANK (For OSA Use Only)

Date Received: _____ Approved: _____ Amount: _____

Not Approved: _____ Reason Not Approved: _____

Director of Student Research Travel: _____ Date: _____