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. ***
*** 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: __________________________ * 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: __________

Revised 11/2022
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: ___________