APPLICATION FOR SUPPORT:
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: ___________________________ 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: ___________________________

Revised 11/2022
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: ____________