

UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences
Office of Student Affairs (OSA)
Request for Reimbursement of Professional Meeting Registration Fee

Name:

PID #:

Class Year:

Meeting:

Location:

Dates:

Amount of registration fee: \$

Amount 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.

Submit to: sspps-studentaffairs@health.ucsd.edu.

***A stipend may reduce your loan eligibility.

Please check with the Health Sciences Financial Aid Office.***

Signature:

Date: