BMSC Application for Graduate Student Travel Award

Please **TYPE** and read carefully.

This form is to request approval to utilize grant funds for conference/training activities. Application and required documents must be submitted at least 4-6 weeks before the travel/conference. Please <u>DO NOT</u> pay for any expenses until after you have received approval and arrangements have been coordinated with Angelica Bazan, Sr. Financial & Administrative Analyst.

| Name: | SID Number: |
|--|---|
| Major Professor: | Year in Program: |
| Conference/Training Name (no acronyms): | |
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| Dates of Travel (if applicable): | |
| Location (City, State): | |
| Early Bird Registration Deadline: | |
| Are you receiving funding from another source (e | x. UCR GSA funds)?YesNo |
| If so, list source(s) | and amount |
| Budget Estimate: | , , = (Total Est. Amount) |
| (Registration Fee) (Airfare/Mileage Fees) |) (Lodging Fees) (Other Fees) (Total Est. Amount) |
| Signature of student: | Date: |
| Signature of major professor: | Date: |
| Signature of graduate advisor: | Date: |
| Attachments: | |
| Purpose for attending conference/training evaluation 200 words). | vent. Must tie directly to your area of research interest (no more th |
| Abstract of your presentation or description order of contribution. <i>Please do not submit el</i> | (no more than 500 words) of your work, including listof authors in ntire papers or project. |
| Submit via email to: Angelica Bazan, Senior Finan | ncial and Administrative Analyst, angelica.bazan@medsch.ucr.edu |
| and cc: bid | omedsci@medsch.ucr.edu |
| Biomedic | |
| | cal Sciences Office Use only |