Yale School of Medicine MEDICAL STUDENT TRAVEL APPLICATION FORM TO PRESENT AT A SCIENTIFIC MEETING

(The Office of Student Research requires this completed application with all documentation noted with the asterisk * below in a <u>single</u>, <u>combined PDF</u> uploaded to <u>Box@Yale</u> using the naming convention LASTNAME_Firstname_Travel2023-2024)

Last Name:	First Name:	YSM Year: MS	Student's Telephone #:		Advisor's Name:		Department:		
Name of Meeting:					Date of Presentation at	Dates of Meeting:		Travel Dates:	
					meeting:	From	:	From:	
Title of Presentation, Including Complete Authorship of Presentation:						To: To:		То:	
Place of Meeting: City, State, Country:		Type of Presentation:			Have you previously received funding from OSR to present this				
		Oral Presentation			research? YES NO				
Poster Presentatio			on						
ESTIMATED SPENDING:				Are you missing any curricular commitments to present your research at this					
Conference registration:				confere	conference? \Box YES \Box NO				
Air:				• •	If yes, you <u>must include</u> a copy of the documentation you submitted to the Office				
Lodging:				of Curr	f Curriculum regarding your missed curricular activities.				
Ground transportation:									
Marla									
Meals:									
OTHER SOURCES OF FUNDING: If partial funding is coming from a faculty member or					Name of faculty member:				
department, please provide the email address of an administrative contact:									
					Authorized Signature:				
Are you being funded by a YSM Student Affairs interest group? \Box YES \Box NO					Date:				
If YES, indicate which interest group:					The faculty member must be a full-time faculty member at Yale				
Student's Signature:					School of Medicine. The above signed faculty member has				
					thoroughly reviewed and granted approval for this form.				
*The application form must be submitted for approval at least 30 days before the trip. Applications submitted with less than 30 days notice will be denied. Please include the following									
documentation with this completed, signed application:									

• a copy of your accepted <u>abstract</u>

• a <u>letter of acceptance</u> to present at the scientific meeting.

IMPORTANT: <u>Please note that students must submit their expenses within ten business days following their return from travel.</u> Receipts submitted more than 10 days after travel will not be reimbursed. Only one medical student per abstract, per fiscal year, is eligible to apply.