

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 single, combined PDF uploaded to Box@Yale using the naming convention LASTNAME_Firstname_Travel2022-2023)

Last Name:	First Name:	YSM Year: MS _____	Student's Telephone #:	Advisor's Name:	Department:
Name of Meeting: Title of Presentation, Including Complete Authorship of Presentation:				Date of Presentation at meeting:	Dates of Meeting: From: _____ To: _____
Place of Meeting: City, State, Country:		Type of Presentation: <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Poster Presentation		Have you previously received funding from OSR to present this research? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ESTIMATED SPENDING: Conference registration: Air: Lodging: Ground transportation: Meals:				If yes, please provide information regarding your plan to make up the missed work: I certify that the information listed above represents the curricular activities to be missed to the best of my knowledge: <input type="checkbox"/> Are you missing any curricular commitments to present your research at this conference? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which commitments would you miss?	
OTHER SOURCES OF FUNDING: Please indicate that a faculty member, or department, or conference award will contribute partially: If partial funding is coming from a faculty member or department, please provide the email address of an administrative contact:				Name of the faculty member: Authorized Signature: Date:	
Are you being funded by a YSM Student Affairs interest group? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate which interest group:				Signature of faculty member (To be signed once all of the application is completed)	
Student's Signature:					

*The application form must be submitted for approval at least 30 days before the trip. Please include the following documentation with this completed, signed application:

- a copy of your accepted **abstract**
- a **letter of acceptance** to present at the scientific meeting.

IMPORTANT: Please note that receipts provided must be less than 120 days old. Receipts older than 120 days will not be reimbursed. Only one medical student per abstract, per fiscal year is eligible to apply.