

**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 [Yale SharePoint](#) using the naming convention LASTNAME\_Firstname\_Travel2025-2026)

|   |             |                       |                        |  |   |
|---|-------------|-----------------------|------------------------|--|---|
| Last Name:  | First Name: | YSM Year:<br>MS _____ | Student's Telephone #: | Advisor's Name:  | Department:   |
| Name of Meeting:<br><br>Title of Presentation, Including Complete Authorship of Presentation:   |             |                       |                        | Date of Presentation at meeting:   | Dates of Meeting:<br>From: _____<br>To: _____   |
| Place of Meeting: City, State, Country:   |             |                       |                        | Type of Presentation:<br><input type="checkbox"/> Oral Presentation<br><input type="checkbox"/> Poster Presentation  | Have you previously received funding from OSR to present this research?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>ESTIMATED SPENDING:</b><br>Conference registration:<br>Air:<br>Lodging:<br>Ground transportation:<br>Meals:<br>Poster printing:  |             |                       |                        | Are you missing any curricular commitments to present your research at this conference? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><br>If yes, you <b>must include</b> a copy of the documentation you submitted to the Office of Curriculum regarding your missed curricular activities. |   |
| <b>OTHER SOURCES OF FUNDING:</b> If partial funding is coming from a faculty member or department, please provide the email address of an administrative contact:   |             |                       |                        | Name of faculty member:<br><br>Authorized Signature:   |   |
| Are you being funded by a YSM Student Affairs interest group? <input type="checkbox"/> YES <input type="checkbox"/> NO  |             |                       |                        | Date:  |   |
| If YES, indicate which interest group:  |             |                       |                        | The faculty member must be a full-time faculty member at Yale School of Medicine. The above signed faculty member has thoroughly reviewed and granted approval for this form.  |   |
| Student's Signature:  |             |                       |                        |  |   |
| I attest that I have read and understood the <a href="#">University Guidelines for Medical Student Reimbursement</a> and agree to comply with them in order to receive reimbursement for my travel expenses   |             |                       |                        |  |   |
| *The application form must be submitted for approval <b>at least 30 days</b> before the trip. Applications submitted with less than 30 days' notice will be denied. Please include the following documentation with this completed, signed application:   |             |                       |                        |  |   |
| <ul style="list-style-type: none"> <li>a copy of your accepted <b>abstract</b></li> <li>a <b>letter of acceptance</b> to present at the scientific meeting.</li> </ul>  |             |                       |                        |  |   |
| <b>IMPORTANT:</b> Please note that students must submit their expenses within ten business days following their return from travel. <b>Receipts submitted more than 10 days after travel will experience a delay in being reimbursed.</b> Only one medical student per abstract, per fiscal year, is eligible to apply. |             |                       |                        |  |   |