

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: 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: _____ Travel Dates: 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	
<u>ESTIMATED SPENDING:</u> Conference registration: Air: Lodging: Ground transportation: Meals: Poster printing:				Are you missing any curricular commitments to present your research at this conference? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, you <u>must include</u> a copy of the documentation you submitted to the Office of Curriculum regarding your missed curricular activities.	
<u>OTHER SOURCES OF FUNDING:</u> If partial funding is coming from a faculty member or department, please provide the email address of an administrative contact:				Name of faculty member: Authorized Signature:	
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:				Date:	
Student's Signature:				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.	
I attest that I have read and understood the University Guidelines for Medical Student Reimbursement and agree to comply with them in order to receive reimbursement for my travel expenses					
*The application form must be submitted for approval <u>at least 30 days</u> 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"> • a copy of your accepted <u>abstract</u> • a <u>letter of acceptance</u> to present at the scientific meeting. IMPORTANT: 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 experience a delay in being reimbursed.</u> Only one medical student per abstract, per fiscal year, is eligible to apply.					