

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 [Yale Sharepoint](#) using the naming convention LASTNAME\_Firstname\_Travel2024-2025)

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: Oral Presentation Poster Presentation		Have you previously received funding from OSR to present this research? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>ESTIMATED SPENDING:</b> Conference registration:  Air:  Lodging:  Ground transportation:  Meals:				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.	
<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:  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:					
<p>*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:</p> <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> <p><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 not be reimbursed.</b> Only one medical student per abstract, per fiscal year, is eligible to apply.</p>					