

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
GRADUATE SCHOOL

APPLICATION FOR TRAVEL FUNDS TO ATTEND SCIENTIFIC MEETINGS

1. Name (print) _____ Program _____

2. Major Graduate Advisor (print) _____

3. Name of Meeting: _____

4. Location: _____ Meeting Dates (inclusive) _____

5. Title of presentation: _____

6. The abstract presentation is: An oral presentation () A poster presentation () [check one only]

7. Please include a copy of:

A: The submitted Abstract

B: Official notification of acceptance and type of presentation (oral/poster) to the meeting.

8. Have you received prior Graduate Student Travel funds? Yes () No ()

If yes, what year(s): _____

9. Home Address:

Full street address including apartment number, etc.

City, State, Zip

10. Approval of Major of Graduate Advisor:

Major Graduate Advisor

Date

11.

Student's Signature

Date

12. By approving this application, I affirm that funds are available from the department or the major graduate advisor to pay balance of the expenses as outlined in the Graduate Student Handbook and the Graduate School Catalog.

Program Director

Date

Approved for funding:

Dean, UAMS Graduate School

Date

Amount approved: \$ _____