# The Division of Medical Sciences
# Travel Fellowship Request Form

Academic Year 2020-2021

**Personal Information:**

Name: _____ HUID: _____

Email Address: _____

Phone Number: _____

**Travel Information:**

Dates of Travel: _____

Destination/ Location: _____

Meeting/Conference/Course Name: _____

Description/Justification for travel:

*Please describe how the desired travel relates to your research interests.*

**Acknowledgements**

☐ I understand that the DMS Travel Fellowship is limited to a one-time payment of up to $600 and that any additional expenses are my responsibility.

☐ I understand that all travel arrangements are my responsibility and are made at my own risk. I will coordinate my travel plans with my research or coursework needs, and I will communicate my plans with my advisor and/or program administrator.

**Student Signature / Date:** _____

**Program Approval / Date:** _____

*Thesis advisor signature is required for G3+ students working in thesis lab.*
*Program Head signature is required for all other students.*

**DMS Finance Approval and Payment Date:** _____

*Last updated May 2019. The DMS Travel Fellowship Program and Guidelines are subject to change.*

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