

LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE

Student Application for Research/Travel Funding
Attach a copy of your abstract or presentation if applicable.
DO NOT BOOK ANY TRAVEL ON YOUR OWN

PERSONAL INFORMATION:

Name: _____ Student ID Number: _____

Address: _____ City, State, Zip, Country: _____

Email Address: _____ Cell Phone: _____

Birthday: _____ Current Year in School: _____ Citizenship: _____

CONFERENCE INFORMATION:

Name of Conference or Organization: _____

Meeting Dates: _____ to _____ Meeting Location: _____

Website Link: _____

Faculty Advisor/Supervisor: _____

Student Role in Conference or Organization: _____

Justification for Attending the Conference: _____

FUNDING INFORMATION:

Registration Fee: _____ Airfare: _____ Hotel Fee: _____

Actual Travel Dates: _____ to _____ Preferred Flight Times: _____

Preferred Hotel (indicate if Conference Hotel): _____

Total Estimated Expenses: _____

Total Departmental Funding: _____

Total Requested from Student Affairs: _____

I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Printed Name

Signature

Date

Departmental Approval:

Approved By: _____ Date: _____

Department Name and Account Number: _____

Student Affairs Approval:

Approved By: _____ Date: _____