

**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:** \_\_\_\_\_