University of Rhode Island, College of Pharmacy
Student Request for Financial Support
for Travel to Professional Meetings
(Approved 3.22.17; Effective 7/1/17)

Overview:

The University of Rhode Island College of Pharmacy (URI-COP) offers professional students a wide variety of student organizations and opportunities through which professional maturation may be enhanced. Students are strongly encouraged to become actively involved in one or more professional organizations, which provide programs and activities to assist their members in achieving practice or research excellence, and professional growth. Registration and some travel expenses associated with attendance for national or regional meetings of professional organizations officially recognized by the URI-COP or other professional development opportunities may be eligible for a subsidy by the College of Pharmacy. Stipends to assist with travel are contingent upon student eligibility, the purpose of the travel, and the availability of funds.

Student Eligibility:

To be eligible, students must:

1. Be actively enrolled in the upper levels of the BSPS (Junior or Senior Standing) or PharmD program (P1-P4 Standing).
2. Be in good academic standing with a cumulative grade point average (GPA) \( \geq 2.5 \) and a cumulative quality point average (QPA; calculated in required pharmacy courses) \( > 2.3 \).
3. Complete the University Trip Release Form and Travel Planning Form at least 10 business days prior to travel and submit the fully completed documents to the Dean's Executive Assistant, including signatures by the Associate Dean for Student and Academic Affairs and the recognized faculty liaison for the student organization.

Categories of Funding:

Travel subsidies will fall into one of three categories based on level of participation at a professional meeting:

1. Students attending a meeting are eligible to request registration expenses up to a maximum of $150 (or the actual cost of registration, whichever is lower).
2. Students presenting a poster or oral presentation as part of a professional meeting program are eligible for a maximum of $300 (or actual cost; whichever is lower) in travel reimbursement to cover registration, lodging expenses and/or transportation expenses.
3. Students serving as official representatives of the URI-COP (e.g. student organization presidents with official duties; voting organization delegates; representative in a national competition) or receiving national awards are eligible to request a maximum of $1000 (or actual cost; whichever is lower) in travel reimbursement to cover registration, lodging and transportation expenses.
Policies and Procedures:

1. All travel requests will be considered within the academic year spanning July 1 through June 30th of the following calendar year.

2. Students may only request a travel reimbursement from one category of funding per travel occurrence.

3. Students may request only ONE subsidy per academic year within categories 1 or 2 for travel occurring during that academic year.

4. Students are eligible to request a subsidy from category 3 as many times as they meet eligibility criteria during the academic year, contingent upon the availability of funds.

5. A subsidy can only be requested for a national or regional professional meeting that is directly relevant to the student’s program of study. Disagreements over the relevance to the student’s program of study may be mediated by the department chair (of the faculty liaison for the particular organization). If an agreement cannot be reached, the determination will be made by the Associate Dean for Student and Academic Affairs, whose decision shall be final.

6. Students must file a “Travel Planning Form” (attached) with the Dean's Office at least 10 business days prior to travel.

7. Students receiving travel subsidies are expected to attend any URI-COP receptions or events that are held in conjunction with the meeting and may be asked to provide logistical assistance at such events (e.g. distributing programs, assisting with set-up).

8. One week prior to travel, the Office of Student and Academic Affairs will notify faculty of students attending approved meetings. This notification is informational only. It is the student's responsibility to follow-up with all faculties regarding their absence and missed work. All University, College and course policies related to absence remain in effect and students should consult with each of their course coordinators related to travel at least 2 weeks prior to the first date of travel. Travel in conjunction with this policy may or may not be considered a “University Sanctioned Events” (see University Manual Section 8.51.12) and thus absences related to travel are not necessarily excused in accordance with section 8.51.12.

9. Students receiving a stipend may be required to send a thank you note to donors (providing funding for student travel) or attend other URI-COP events recognizing donors for their contributions.

10. Students are responsible for providing all original receipts or documentation necessary for reimbursement to the Executive Assistant in the Dean's office within 10 business days of the last day of travel. If payment has been made for any requested expenses prior to the date of travel, earlier submission of these receipts is strongly encouraged.

11. All University and College related policies must be adhered to related to student travel.

12. Funding of these trips is subject to change based on availability of funds at the sole discretion of the Dean or Associate Dean for Student and Academic Affairs of the College of Pharmacy.
Travel Planning Form

I, ___________________________ will be traveling to ___________________________
(print full name) (name of meeting)
in ___________________________ from ____________ to ____________
(city and state) (date of meeting attendance)

I am requesting registration funding of the amount of $_______________________

Please briefly describe your level of participation at the meeting, including title of any
talks/posters/awards, dates of presentation/award, etc.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

I understand that I am a student affiliate with the University of Rhode Island College of Pharmacy
and will conduct myself as an affiliate and representative of my College.

_________________________________________________________________________________

Student Signature Date

Student Organization-Faculty Liaison Endorsement

_________________________________________________________________________________

Signature Date

Associate Dean Endorsement

_________________________________________________________________________________

Signature Date

For office use only

_____ Travel Scholarship approved for $_______________________

_____ Travel Scholarship not approved

Reason for non-approval: ___________________________________________________________________
TRIP RELEASE FORM

Event: ________________________________

Dates: ________________________________

Location: ________________________________

Name of Faculty Member Attending: ________________________________

Requirements: See Travel Policy Approved 3.22.17; Effective 7/1/17.

Insurance: I understand that although the University of Rhode Island is a sponsor of the trip, it does not assume responsibility for any loss, injury, or damage to person or property in connection with this trip which results from causes beyond the control of, and without the fault or negligence of the University.

Release: I release and waive, and further agree to indemnify the University of Rhode Island and the Board of Governors for Higher Education, their agents and employees from and against any and all claims which I, any heir, executor or assign may have for any losses, damages or injuries arising out of, during, or in connection with my participation in the trip or the rendering of any emergency medical procedures or treatments, and any related expenses, if any.

Name of Participant: ________________________________

Student ID No.: ________________________________

Address where check should be sent: ________________________________

Preferred E-Mail: ________________________________

Date: ________________________________

Student Signature

Please return to Dean’s office, College of Pharmacy, Room 220.