University of Rhode Island, College of Pharmacy
Student Request for Financial Support for
Travel to Professional Meetings (Updated 2/1/24; Effective 7/1/24)

Overview:
The University of Rhode Island College of Pharmacy (URI-COP) offers students a wide variety of student organizations and opportunities through which professional development may be enhanced. Students are strongly encouraged to become actively involved in 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 officially recognized by the URI-COP or other professional development opportunities may be eligible for a subsidy by the College of Pharmacy. Travel subsidies 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 not currently on probation.
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. Forms must be filled in completely and signed by the faculty liaison for the student organization and by the Associate Dean for Student and Academic Affairs or BSPS/PharmD Program Director.

Categories of Funding:
Travel support will fall into one of two categories based on level of participation at a professional meeting:

1. Students attending a meeting only 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. Membership fees are not included in travel support.
3. Individuals representing the College at national competitions or committees may be eligible for additional funding.

web.uri.edu/pharmacy/studenttravel/
Policies and Procedures:

1. All travel requests will be considered within the academic year spanning July 1 of the current year through June 30th of the following 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 for travel occurring during that academic year.

4. A subsidy can only be requested for a national or regional professional meeting that is directly relevant to the student’s program of study.

5. Students must file a “Travel Planning Form” and “Trip Release Form” (attached) with the Dean's Office at least 10 business days prior to travel. Failure to submit forms in a timely manner will result in a 10% reduction of support for each day beyond the due date. Funding requests submitted after travel will not be considered.

6. Students receiving travel subsidies are expected to register for and 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 setup). Failure to attend URI-COP events will result in revocation of funding.

   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 Event” (see University Manual Section 8.51.12) and thus absences related to travel are not necessarily excused in accordance with section 8.51.12.

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

8. Students are responsible for providing all original receipts or documentation necessary for reimbursement to the Student Travel Request Portal 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.

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

10. Funding of these trips is subject to change based on availability of funds and the sole discretion of the Dean or Associate Dean for Student and Academic Affairs of the College of Pharmacy.
TRIP RELEASE FORM

Event : __________________________________________________________

Dates : __________________________________________________________

Location: _________________________________________________________

Name of Faculty Member Attending: __________________________________

Requirements: See Travel Policy Approved 2.24; Effective 7/1/24.

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.