

Application Guidelines for Graduate Student Travel-Financial Assistance

University of Rhode Island College of Pharmacy (URI COP)

Applications for Graduate Student Travel Assistance are invited from currently enrolled URI COP graduate students whose thesis research has been accepted for presentation at a national, technical or professional meeting. The maximum award for graduate travel is \$500.00 for poster presentations and \$700.00 for oral presentations.

Award Criteria: This assistance is contingent upon the applicant presenting at the meeting (oral or poster). Requests are considered up to a maximum of \$700.00 and must be supported with a remaining fund to be paid by major professor and other sources. Each student is eligible for travel support once per year.

Required Documents

1. Conference information; copy of conference acceptance of the abstract/proceedings/presentation;
2. Title and authors list for the accepted abstract/proceedings/presentation;
3. A completed TAR which includes this award of \$500.00 poster presentation or \$700.00 oral presentation and matching funds from a major advisor or other sources;
4. Student must complete the University Trip Release Form and Travel Planning Form (attached).

Policy

- Students may request travel support from the College to attend national, professional meetings and will be awarded money based on the availability of funds. The request should be made at least 3 weeks prior to leaving for the meeting. The Office of Research & Graduate Programs shall make the final decision of travel award.
- Students awarded travel support shall attend any College of Pharmacy and Pharmaceutical Sciences reception that may be held in conjunction with the meeting.
- Each student is responsible to complete and present to Kathy Hayes a “Travel Planning Form.” Once approved by the Associate Dean of Research & Graduate Programs, the Business Manager will transfer reimbursement funds for eligible members attending the meeting.

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 \$ _____

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

Signature

Date

For office use only

_____ Travel Scholarship approved for \$ _____

_____ Travel Scholarship not approved