

## DOCTORAL STUDENT TRAVEL SUPPORT PROGRAM

The Office of the Provost annually provides each School or College at WVU with funds to help support profession travel for doctoral students. For doctoral students in the School of Medicine, please use this form and follow these instructions. For students in other HSC schools, please contact your Student Services office for the appropriate materials.

- Travel awards are \$400 and applied for through the Office of Research and Graduate Education.
- This money is to provide financial assistance to attend scientific meetings to present your dissertation research.
- To be eligible, you must be the first author on a poster or the presenter for a podium presentation.
- The award is restricted to students who have provided service in the past year to the Biomedical Graduate Programs by participating as an ambassador, tour/apartment guide, lunch/dinner participant during applicant visitation weekends, have taught in all methods, provided remedial lectures for incoming students, provided help with graduation, or other requested duty.

### TO APPLY FOR A TRAVEL AWARD:

- Complete the attached application
- Provide documentation of your participation (acceptance notice, conference program) and a copy of the abstract.
- Provide a copy of your Travel Authorization Form (these are available from your program administration and required for all travel).

### SUBMIT THESE DOCUMENTS TO:

Mary Veselicky  
Office of Research and Graduate Education  
G108 Erma Byrd Biomedical Research Bldg.  
PO Box 9104  
304-293-4865  
mveselic@hsc.wvu.edu

**Note:** *If traveling outside of the United States, you are required to complete the additional requirements listed in the Travel and International Travel Policy for HSC Students.*

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**TRAVEL AWARD FORM**

Please fill out this form.

1. Student Name: \_\_\_\_\_ WVUID#: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Date: \_\_\_\_\_

Year of study: \_\_\_\_\_ First time receiving a travel award?  Yes  No

2. Title of conference meeting that you are attending? \_\_\_\_\_

Dates of conference: \_\_\_\_\_ to \_\_\_\_\_ Location<sup>‡</sup>: \_\_\_\_\_

Your advisor's name: \_\_\_\_\_

Are you a first-author of a poster or the presenter during a podium presentation?  Yes  No

Title of poster/presentation: \_\_\_\_\_

3. Documentation of Service (must have at least 1)

Activity:	Date:
Visitation Weekend	_____
Thursday Night Dinner	_____
Ambassador on Friday	_____
Friday Lunch	_____
Saturday Tour Guide	_____
Saturday Apartment Showing	_____

Graduation- hand out programs \_\_\_\_\_

Other service specifically requested by research office or program director.

List:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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4. Return this form along with documentation of first-author and registration to Mary Veselicky at:

Office of Research and Graduate Education  
Ground floor Erma Byrd Biomedical Research Bldg.  
PO Box 9104  
(Campus Mail)

<sup>‡</sup> **Note:** *If traveling outside of the United States, you are required to complete the additional requirements listed in the Travel and International Travel Policy for HSC Students.*

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***(Do Not Write Below This Line)***

For the Office of Research and Graduate Education Use Only

- Has been approved by Dr. Salati for this academic year.
- Has not been approved by Dr. Salati for this academic year.

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