

OFFICE OF RESEARCH AND GRADUATE EDUCATION

DOCTORAL STUDENT TRAVEL SUPPORT PROGRAM

The Office of the Provost annually provides each School or College at WVU with funds to help support professional travel for doctoral students. For doctoral students in the School of Medicine and in the Pharmaceutical & Pharmacological Sciences graduate program, 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.

Note: We can only approve 20 awards per academic year. If you apply for a travel award again next year, please understand if we deny your request. We receive a large amount of requests from students that have never received the travel award.

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.
- ☐ Are you applying for a travel award through a fellowship? _____
- ☐ Are you applying for a regular travel award? _____

SUBMIT THESE DOCUMENTS TO:

Connor L. Ferguson
Office of Research and Graduate Education
G108 Erma Byrd Biomedical Research Building
clferguson@hsc.wvu.edu
304-293-6231

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.

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[†]: _____

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. Please describe the service(s) you have provided to the Health Sciences Center graduate programs, West Virginia University, or community (volunteering during recruitment visits, teaching assistant for a course, etc.).

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

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(Do Not Write Below This Line)

For the Office of Research and Graduate Education Use Only

☐ Has been approved for this academic year.

Amount approved: _____

Approved by: _____

☐ Has not been approved for this academic year.

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