

Weill Cornell Graduate School of Medical Sciences
Graduate Student Travel Request Form

(MD/PhD students: use MD/PhD Graduate Student travel request form.)

NAME	PROGRAM	DATE
E-MAIL ADDRESS	YEAR IN SCHOOL	
MAILING ADDRESS		
HOME PHONE	LAB PHONE	
TRAVEL DESTINATION	DEPARTURE DATE	
PURPOSE OF TRIP		

BUDGET: \$800 per academic year

PRESENTER STATUS: This support is for students who present as first author at a conference. Attach to this form the abstract of the paper that you will present, along with evidence that you have been accepted for presentation at the conference.

OTHER FUNDS: Accompany this form with proof that you have applied to the conference sponsor for funds to support your travel. What is the status of that application?

PLEASE NOTE: The Graduate School may request that students who receive travel awards present poster displays of their research at Graduate School events.

APPROVALS

Major Sponsor (Print Name)	Major Sponsor Signature	Date
_____	_____	_____
Xiaoai Chen Grants Administrator, Graduate School	Grants Administrator Signature	Date
_____	_____	_____

**NOTE: Travel Request Form must be submitted BEFORE going to conference.
Receipts must be submitted within 45 days of completion of travel.**