

**APPLICATION FOR SUPPORT:  
STUDENTS PRESENTING A PROJECT AT A PROFESSIONAL MEETING**

UC San Diego, Skaggs School of Pharmacy and Pharmaceutical Sciences  
Office of Student Affairs (OSA)

**\*\*\* You must submit the Abstract Acceptance Letter you received from the conference organizers along with this application. \*\*\***

**\*\*\* OSA will reimburse a maximum of \$750 per project, not per person collaborating on the project \*\*\***

**\*\*\* A stipend may reduce your loan eligibility. Please check with the Health Sciences Financial Aid Office. \*\*\***

\* Required

\* First Name:  \* Last Name:  \* PID:

\* Year in School:                      Class of:                      \* Type of Presentation: Oral Presentation  Poster Presentation

\* Title of Presentation:

\* List of Authors/Co-Authors (in order as on accepted abstract):

\* Meeting (Name of meeting):

\* Location of Meeting:

\* Begin Date of Meeting:

\* End Date of Meeting:

**TRANSPORTATION/LODGING/REGISTRATION EXPENSES**

Airfare for Trip:  Auto Mileage:  Parking Expense:  Ground Transportation:

Meeting Registration:  Lodging Expense:  Other Expense (Specify):

(Reimbursement will be at student, early registration rate)

**ESTIMATED TOTAL EXPENSES:**

Amount to be Obtained from Other Sources:  Amount Requested from OSA:

\*I understand that I must submit original itemized receipts, showing the amount paid, no later than 5 days following my return from this meeting. I will submit this completed form and all receipt to: [sspps-studentaffairs@health.ucsd.edu](mailto:sspps-studentaffairs@health.ucsd.edu) .

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LEAVE BLANK (For OSA Use Only)**

Date Received: \_\_\_\_\_ Approved: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Not Approved: \_\_\_\_\_ Reason Not Approved: \_\_\_\_\_

\_\_\_\_\_  
Director of Student Research Travel: \_\_\_\_\_ Date: \_\_\_\_\_