TOURO UNIVERSITY
CALIFORNIA
RESEARCH

REQUEST FOR TRAVEL REIMBURSEMENT FOR RESEARCH CONFERENCES

All requests must be approved by the student's advisor and the Associate Dean of Research

Date Submitted: _____ Date of Travel:_____
Date of Conference:_____ Date of Absence(s):_____

Name of Participant:_____ Class:_____
Phone number:_____ E-mail:_____
Name of Conference:_____ Purpose of Travel:_____

The COM will budget annually for the support of COM students to present research at local and national meetings. Distribution of funds will be governed by a selection process on a first-come basis. Requests for travel support may be submitted once presentation abstracts are accepted, but not before. The following rules will apply:

- Only one (1) student will be funded per presentation. Typically, that will be the first author. Another student author may be funded, with approval of the Director of Interdisciplinary Research, if the author cannot attend.
- Students must be in good academic standing in order to apply for support to present research.
- Any individual student will typically be funded for a maximum of one (1) meeting per year.
- A student wishing to be funded to attend a meeting must attach their abstract, details of the meeting as per the standard TUC Travel and Conference Request form, and (if an absence will occur) an approved excused absence form from the Associate Dean of Preclinical Education, to the administrative assistant to the Associate Dean of Research.
- The Associate Dean of Research will make a funding decision, based upon quality of research, impact of the meeting and availability of funding. Funding for travel is likely very limited and, therefore, requests will be subject to particularly rigorous review.
- Expense coverage is limited to economy airfare, cost of poster production (if applicable) and TUC standard level for meals, lodging and ground transportation.

For Administrative use only:	***For Administrative use only:***
Request Approved: ☐ Yes ☐ No Signature:_____ Student's Academic Advisor Date:_____	Request Approved: ☐ Yes ☐ No Signature:_____ Alejandro Gugliucci, MD, PhD Associate Dean of Research Date:_____