

TO BE COMPLETED BY STUDENT

NAME: _____ CLASS OF _____ DATE: _____

TYPE OF EVENT:

☐ Conference ☐ Presentation ☐ Research ☐ Community Service ☐ Professional Development
☐ Other – please explain: _____

PLEASE GIVE DETAILS BELOW:

*PROPOSED BUDGET (INCLUDE AIRFARE): \$ _____ *Travel/Event Dates: _____

Are you receiving funds from anywhere or anyone else for this event? ☐ Y ☐ N If "Yes" amount & source:

OBJECTIVES AND GOALS:

IF ATTENDING A CONFERENCE, HOW DOES IT MEET THE UTRGV SOM MISSION? IF ATTENDING AN EVENT OTHER THAN A CONFERENCE, PLEASE BRIEFLY EXPLAIN HOW THIS EVENT WILL ENHANCE YOUR MEDICAL SCHOOL EXPERIENCE:

****PLEASE TURN IN FORM AT LEAST 5 WEEKS BEFORE APPROVAL IS SOUGHT**

***Completion of this form does not guarantee approval or disbursement of funds requested.**

Amount of disbursement is on a case-by-case basis

DEPARTMENT USE

Does department have funds available for this event? ☐ Y ☐ N % of funds requested: _____

Travel: ☐ Approved ☐ Denied _____

(Name & Title): _____ ☐ OSA ☐ Academics

Funds Appropriated: \$ _____ Signature: _____ Date: _____