

University of Connecticut - Department of Biomedical Engineering

260 Glenbrook Rd. U-3247 – Storrs, CT 06269 – (860)486-5838

APPLICATION FOR DOCTORAL STUDENT TRAVEL AWARD FUNDS

TRAVEL DATES: JULY 1, 2016 TO JUNE 30, 2017

FIRST NAME

LAST NAME

STUDENT ID# (SEVEN DIGITS) NETID PHONE _____

EMAIL _____

The Biomedical Engineering Department is pleased to provide travel funding to support a limited number of doctoral students' travel to present his/her research at national or international meetings/conferences. Applicants are encouraged to apply as early as possible for travel during the 2016-2017 Academic Year as funding may run out.

ELIGIBILITY: To be eligible for the funding, an applicant must (1) Certify that she/he has an accepted research abstract or paper scheduled for oral or poster presentation (2) Certify that she/he has received travel approval by her/his PhD major advisor (3) Certify that funds will be used *only* for travel to conferences for which she/he presents her/his research (4) Certify that she/he has not received a prior BME travel award (in any amount).

APPLICATION SUBMISSION/REQUIREMENTS: Provide the requested information below (preferably typed) and e-mail the completed form to George.lykotrafitis@uconn.edu AND Harley.erickson@uconn.edu no later than six (6) weeks before the travel occurs.

IMPORTANT INFORMATION: (1) \$1,000 is the maximum amount awarded per student, as it is a one-time use during the graduate student's academic career. (2) Funds are not available once a student has graduated. (3) The Bursar's Office issues the award check directly to the student, who can then use it to pay for their travel expenses directly.

NOTIFICATION: Applicants and their PhD advisors will be notified via e-mail of award decisions.

PhD Advisor: _____

Name, location, and dates of conference: _____

Title of Presentation: _____

Anticipated Amount of Travel: _____ Have You Previously Applied For BME Travel Funds: _____

APPLICANT SIGNATURE: By signing this document, you are certifying that the information provided is true to the best of your knowledge and that you meet all eligibility requirements listed above.

Applicant's Name

Applicant's Signature

Date

Advisor's Name

Advisor's Signature

Date

Graduate Program Director's Name

Director's Signature

Date

