



**Division of Graduate Medical Sciences
Travel Award Application**

This application must be submitted at least 4 weeks prior to departure.

Name:

BUID:

Address for Check:

Program/Department:

Name of Meeting/Conference:

Place of Meeting/Conference:

Departure Date:

Please list other funding for this travel:

Will you be making a presentation?:

Displaying a poster?:

Have you previously received a GMS travel award?

GMS Travel Award applications should be submitted to Israel De la Cruz (idlc@bu.edu). Your request will be reviewed by the Associate Provost of the Division of Graduate Medical Sciences.

Acceptance of a GMS Travel Award is contingent upon agreeing to and submitting a 2-3 paragraph summary of your participation at this meeting to be published on the GMS website and/or GMS newsletter. This summary should be submitted on the GMS Travel Award website <http://www.bumc.bu.edu/gms/global-pages/gms-travel-awards/> within two weeks of returning from the meeting.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Chair/Director Signature: _____ Date: _____

GMS OFFICE USE

Associate Provost Decision: _____ Approve _____ Deny _____ Date: _____

Associate Provost Signature: _____

Sent for Disbursement: _____ Initials: _____