



Request for Student Travel Funds

Department/Program

- Biochemistry
- Human Genetics
- Microbiology, Immunology & Parasitology
- Oral Biology
- Pharmacology & Experimental Therapeutics
- Biometry
- Interdisciplinary
- Pathology
- Cell Biology & Anatomy
- MD/PhD
- Neuroscience
- Physiology

Student Name _____

Faculty Advisor _____

Meeting to be Attended _____

Meeting Location _____ **Meeting Date** ___/___/___

- Attachments Required**
1. A Copy of the Submitted Abstract Listing the Title of the Presentation and the Authors/Presenters
 2. The LSUHSC Prior Approval and Travel Form for Signature

Estimated Expenses	Registration	\$ _____
	Transportation	\$ _____
	Meals	\$ _____
	Accommodations	\$ _____
	Other	\$ _____
	Total Amount Needed	\$ _____

Amount from Department

Amount from Advisor \$ _____ Account # _____

Amount from Other Sources \$ _____ Account # _____

Total from Department \$ _____

Balance Requested from Graduate School

\$ _____ Account # _____

Approval

Department Head Date

Dean/Assistant Dean School of Graduate Studies Date