

Student Travel Fund Award

STFA awards will be determined by at least two parties (with the exception of the members applying for the award).

Criteria and eligibility are as follows:

Eligibility

1. Must be enrolled as a fulltime medical student at McGovern Medical School.
2. Students are limited to one award per year.
3. Students representing a larger group (i.e. student group/organization) will be given priority over individual events. Student representatives are expected to distribute information to others in the group upon return.
4. Merit may be considered in determining eligibility.

Required Application Supplements

1. Complete travel award application with budget.
2. Proof of attempted funding requests from PI/Mentor/Attending or Department Chair.
3. Student Travel Conditions for Reimbursement

Student Travel Reimbursement Application

Name(s): _____

Year: _____

Date of Request: _____ Date(s) of Travel: _____

Travel Location: _____

Are you representing only yourself or a group? SELF__ GROUP__

Student Organization (if applicable): _____

Is this student organization officially registered for this academic year? YES__ NO__

PI/Mentor/Attending: _____

Have you requested funding from above? YES__ NO__ (please include proof if YES)

Department Chair/Administrator: _____

Have you requested funding from above? YES__ NO__ (please include proof if YES)

Purpose of Travel: _____

How will this travel/event request enhance your medical education?

How will your participation in this travel/event benefit the University?

Cost Analysis - what is the estimated price per person for:

Registration: \$ _____

Hotel: \$ _____

Airfare (if driving place "driving" here): \$ _____

Total Number of Students Requesting Reimbursement: _____

Student Travel Conditions for Reimbursement

McGovern Medical School will reimburse travel expenses for registration, airfare and hotel for individual students / Student Organization as funds permit. You **MUST** request funding from your PI/Mentor/Attending or the applicable Department Chair (as well as provide proof of request and the outcome) before requesting this funding.

Student travel includes but is not limited to conferences, seminars, lectures and student organization sponsored events.

All student travel request must be made at least 1 month prior to the travel taking place.

Only one award per student, per fiscal year. If your travel request does not use the total award amount, you may be eligible to apply for an additional award not to exceed the maximum allowance per year. Funds may be split up to maximum of 2 people only per award.

UTHealth employees and students must use Corporate Traveler Planners (CTP) for airfare purchases. Only coach fare is allowed. If you purchase cheaper airfare on your own, you will **NOT** be reimbursed for that portion of your travel expenses. (IF you run into any problems during your trip with your flights you must contact the 800 number on your itinerary if after business hours, otherwise you may contact the Office of Diversity directly during business hours for help with those issues).

If students are sharing a hotel room, only one person per room can be reimbursed, and the receipt must show a zero balance after payment has been applied, along with your name and last 4 digits of credit card info. We cannot assure you will be reimbursed if you do not follow this protocol.

Students must bring **ALL** original receipts for the portion of travel they wish to be reimbursed for. Failure to do so could result in delayed repayment or inability to process the request. You have 60 days after return trip date in which to submit all original receipts for reimbursement. Failure to do so will result in loss of travel reimbursement agreement.

Once the travel request has been approved, you will be notified within 5 business days via e-mail.

I have read and agree to the above conditions for student travel reimbursement.

Student Signature: _____ Date: _____

Additional Signatures (if group): _____

If you have any questions or concerns please email Jennifer.A.Ramos@uth.tmc.edu

OFFICE Total Award Amount: \$ _____

USE

71 **ONLY** in 713-500-0604 Fax

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APPROVED__ DENIED__ By: _____ Date: _____