The University of Texas MD Anderson Cancer Center UTHealth Graduate School of Biomedical Sciences

GUIDELINES FOR STUDENT TRAVEL AWARDS

Because GSBS has limited funds for student travel, travel awards fund the following amounts:

M.S. & pre-candidacy Ph.D. students \$350 Post-candidacy Ph.D. students \$500

The following criteria are considered when reviewing a request for travel funds:

- 1. The student has completed the Application for Student Travel Award and has submitted the Application *and* Abstract at least four weeks before requested travel date. When your abstract has been accepted, **include the proof of acceptance** with the travel request form.
- 2. The student must be first-author of a presentation (talk or poster) at a regional, national, or international meeting.* The research that the student presents must be research performed as a UT-GSBS student. A student who has performed research prior to joining the school as a student may not use that research as the basis for the travel award.

The student has been invited to attend a prestigious meeting, e.g., a Gordon Conference.

- 3. The student must be in good academic standing.
- 4. The student must not be overdue for Committee meeting at the time of the application for this travel award.
- 5. The student must not have received a travel award during the current academic year.
- 6. The student must have an **ORCID account** that is public, updated, and linked to his/her myGSBS page.
- 7. Attending a minimum of two (2) career development events during the past six (6) months, makes you eligible to receive an additional funding of \$100.
- * Students are encouraged to submit the Travel Award Application as soon as possible, even if acceptance of abstract is pending.

The University of Texas Graduate School of Biomedical Sciences at Houston

| APPLICA | TION FOR | STUDENT | TRAVEL | AWARD |
|----------------|----------|---------|--------|--------------|

| For OAA/GSBS use only |
|------------------------------|
| Good Academic Standing |
| 1st Author/Abstract Accepted |
| Last AC Mtg. |
| Prev. Travel Award |
| Pre.Cand. Post Cand. |
| |

Requests for travel awards must be approved <u>BEFORE</u> the student goes to the meeting in question. *Early application is highly recommended*. **The deadline for submission of a request for a travel award is at least four weeks prior to departure of trip.** This form and an <u>abstract</u> (*include proof of acceptance, when abstract has been accepted*) should be submitted to the Office of Academic Affairs, BSRB 3.8344. [M.S. and pre-candidacy Ph.D. students receive \$350; post-candidacy Ph.D. students receive \$500. **NOTE:** An additional funding of \$100 will be granted to eligible student who had attended at least two (2) career development events.

| Name of Student | | | Advisor | | | | | |
|-------------------------------------|---------------------------|------------------|-------------|------------|---------------|---------------|-----------|-------------|
| ORCID# | | | Term of Fi | rst Enroll | ment | | | |
| Department | | | | | | | | |
| Name of Meeting | | | | | | | | |
| Location of Meeting | | | Date of Me | eeting | | | | |
| Date of Departure to M | leeting | | Date of Re | turn from | Meeting | | | |
| Has your paper or post | er been officially | accepted? | Yes | No | Pending | g | | |
| Will your appointment travel? Yes | t at your parent in No | nstitution (MD A | Anderson of | r UTHeal | th) be term | ninated prior | to the co | mpletion of |
| Have you attended a m | inimum of two (2 |) career develop | ment events | during t | he past six (| (6) months? | Yes | No |
| If yes, please provide t | he events' topics a | and date below: | | | | | | |
| E | vent Title | | Location | | | Da | te | |
| Estimated Expenses: Transportation | | Rental Car | | l Vehicle | | \$ | | |
| | k with your institut | | | X | miles = | | | |
| Lodging: Am | t. per day \$ | x da | ys = | | | \$ | | |
| Meals: (average | ge allowance \$30 | a day depending | on city/tim | e of day | you travel) | \$ | | |
| Fees: | Registration | Other | | | | \$ | | |
| Parking: | | | | | | \$ | | |
| Taxi/Bus/Shu | ttle: | | | | | \$ | | |
| | | TOTAL | L ESTIMA | TED CO | ST: | \$ | | |

| Name: | Email Address: | Phone | | |
|----------------------|----------------|-------|--|--|
| | | | | |
| | | | | |
| Signature of Student | Phone | Date | | |
| Cianatum of Advisor | | | | |
| Signature of Advisor | | | | |
| Name of Advisor | Phone | Date | | |