

# MD-PHD PROGRAM – REQUEST FOR COURSE FUNDS

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

**Note that BGS MD-PhD students are ONLY eligible to apply for travel funds via the MD-PhD program and are NOT also eligible to apply separately for funds through BGS.**

## COURSE INFORMATION:

Dates: (mm/dd/yy – mm/dd/yy)	Location: (City, State, Country)	Name of Course:

**Attach a justification for attending the course as well as a letter of support from your advisor for attending the course.**

**EXPECTED COSTS:** Please provide a detailed summary of all expected travel costs below

Airfare / Rail:	
Hotel:	
Per Diem (meals only):	(\$ /day) ( days) = \$
Registration Fee:	
Taxis and Local Transportation:	
TOTAL:	

Note: One time up to \$1,500 max per MD-PhD student lifetime to attend one off-site course.

**FUND SOURCES AND APPROVALS:** Please petition your PI and Graduate Group, along with other possible sources, for funds. You must obtain amounts, signatures, and budget account information in the fields below *before* submitting a request to the MD-PhD Financial Office.

AMOUNT OF P.I. CONTRIBUTION: \$ \_\_\_\_\_

Name of P.I.: \_\_\_\_\_ Signature of P.I.: \_\_\_\_\_

26-digit budget account #: \_\_\_\_\_

Contact Name and Phone: \_\_\_\_\_

AMOUNT OF GRADUATE GROUP CONTRIBUTION: \$ \_\_\_\_\_

Name of Graduate Group: \_\_\_\_\_ Signature of GG Authorizer: \_\_\_\_\_

26-digit budget account #: \_\_\_\_\_

Contact Name and Phone: \_\_\_\_\_

AMOUNT OF TRAINING GRANT CONTRIBUTION: \$ \_\_\_\_\_

(for those supported by a training grant)

Contact Name and Phone: \_\_\_\_\_

if applicable:

AMOUNT AVAILABLE FROM OTHER SOURCES SUCH AS INDIVIDUAL FELLOWSHIPS, OR OTHER:

Contact Name and Phone: \_\_\_\_\_

DIRECTOR SIGNATURE: \_\_\_\_\_

Dr. Skip Brass

DATE SIGNED: \_\_\_\_\_