

Keck School of Medicine of University of Southern California

Medical Faculty Assembly Research Travel Fellowship Application

Return completed petition to RSPKeck@usc.edu

Office of Medical Student Research Programs | KAM200A | 323-442-1751

Instructions

Presentations at conferences and symposia are critical for the professional development of medical students engaged in research. It is expected that students are responsible to fund their own conference travels. Therefore, students are encouraged to speak first with their mentors for funding opportunities within their departments and fields. We have established a program to **supplement** student travel when other funding sources are insufficient.

Please call Han at (323) 442-1751 if you have any questions or need clarification on the guidelines.

Qualifications

1. Applicant must be invited to a conference as a presenter.
2. Applicant must **not** be a Dean's Research Scholar (other funding available).
3. MD/PhD students should first contact Roland Rapanot at mdphdpgm@med.usc.edu for funding.
4. Applicant must be in good academic standing.

Travel Fellowship Applications will be accepted on a rolling basis.

Submission Process

Students may submit the application in advance of their conference for approval. However, the exact amount of funds awarded will depend on expenses recorded on your *original receipts* and will be disbursed as a reimbursement once you return from your conference.

Applicants must submit the Expense Report and original receipts within one week of returning from the conference. Receipts not submitted within this time frame will lead to forfeiture of funding.

Please check that you have attached the following paperwork:

Travel Application

Copy of Acceptance Letter from Meeting

Copy of Accepted Abstract with Authorship

Applicant Information

Name _____ Student ID _____

Email _____ Class Year _____

Mentor _____

Department _____

Meeting Information (please provide copy of acceptance letter)

Meeting Name _____

Location _____ Begin Date _____ End Date _____

Type of Presentation

Podium

Poster

Is this travel related to your Required Scholarly Project (RSP)? Yes No

Presentation Title

Faculty and Co-Authors

Estimated Travel Budget

Categories

Airfare _____

Lodging _____

Registration _____

Meals _____

Miscellaneous _____ - please itemize (e.g. parking, taxi, etc.)

Estimated Total Cost of Travel _____

Matching Funds Received for Travel (If applicable)

Amount from Department _____

Amount from Mentor _____

Amount from Other _____

Name of other contributor (individual or organization) _____

I have reviewed and agree with the information stated in this application.

Mentor's Signature _____

Mentor's Email _____

Keck School of Medicine of USC
University of Southern California
Department of Student Affairs

Travel Expense Report

Attach original receipt(s). Receipts must meet the following guidelines: Must be an ORIGINAL receipt (make a photocopy for your own records). If you do not have an original receipt, provide a copy of the invoice, bill or order/purchase confirmation AND a copy of your credit card statement showing the pertinent amount(s) - strike out sensitive account information. The receipt must be a printed receipt; handwritten receipts are not accepted. Tape receipts to 8.5.x11 sheet of paper (no staples please).

Name _____

Mailing Address _____

USC Email Address _____

Business/ Travel Purpose _____

Destination _____

Period Covered _____

Incidentals: Parking, Baggage Fees, Printing

Date	Description	Exchange Rate	Actual Amount

Transportation: Airfare, Shuttle, Taxi, Uber

Date	Type	Exchange Rate	Actual Amount

Lodging:

Dates	#Days	Hotel	Exchange Rate	Actual Amount

Meals:

Date:	Amount	Date:	Amount	Date:	Amount	Date:	Amount	Exchange Rate	Actual Amount
B		B		B		B			
L		L		L		L			
D		D		D		D			
S		S		S		S			

(Breakfast) (Lunch) (Dinner) (Snack)

Office Use Only: Approved Amount _____