Approval for Ph.D. Student Research Conference Travel

Each BioHealth Informatics Ph.D. student enrolled in 6 hours or more each semester will be provided with a $2000 account for travel during his/her entire program (not per year), of which no more than $750 may be spent during the first two years of his/her program. This money is to be used to attend one or more research conferences at which the student is at which the student is presenting a peer-reviewed, authored research paper/poster prepared in the context of the student’s academic studies. The funding may be used to cover for travel, hotel, food, and/or registration fees. IU travel policies apply\(^1\). Items such as alcohol, entertainment, etc. are not covered. The student is expected to pay the difference, if any. Once approved, travel arrangement for the expenses to cover up front (e.g., conference registration fee) can be made by contacting nfish@iupui.edu. All receipts must be submitted to the School (nfish@iupui.edu) for reimbursement immediately after travel.

**Note:** This form must be authorized by the Department Chair before the conference and any funds are spent. No exceptions.

Student Name: ________________ Program: ________________

Conference Name: __________________________________________

Conference Date(s) and Location: __________________________________

Are you an author of a research paper or poster to be presented at the conference?  
☐ Yes  ☐ No

If yes, what is the title of the research paper or poster?

________________________

**Attachments:** copy of the accepted paper; copy of the reviews and notification of acceptance.

**Please estimate the expenditure for this trip:**

$ __________ (No more than $750 may be spent during the first two years of the program; total funding available up to 5 years since enrollment in the PhD program is $2000.)

________________________

Signature of the Student requesting support  Date

________________________

Name and Signature of the faculty most familiar with the student’s paper (research advisor or instructor)  Date

**Authorization:**

________________________  ______________________

Department Chair  Date

Submit this signed form to Nancy Barker (nfish@iupui.edu).

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\(^1\) [http://www.indiana.edu/~travel/policies/policies.shtml](http://www.indiana.edu/~travel/policies/policies.shtml)

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For business office use only:
Notes:
Account number to be charged: __________________________
(Nancy Barker or Rosiel Marasco)