



IUPUI

SCHOOL OF INFORMATICS AND COMPUTING

DEPARTMENT OF BIOHEALTH INFORMATICS

Indiana University-Purdue University
Indianapolis

Approval for M.S. Student Research Conference Travel / Professional Development

Each Bio-Health Informatics M.S. student enrolled in 6 credit hours or more each semester will be provided with funding support to attend a conference *at which the student is presenting a peer-reviewed, first-authored research paper/poster prepared in the context of the student's academic studies.* A total funding of \$750 per student is available only for up to 2 years after the start of their studies. The funding may be used to cover for travel, hotel, food, and/or registration fees. IU travel policies apply¹. Items such as alcohol, entertainment, etc. are not covered. The student is expected to pay the difference, if any. *Once approved*, students are responsible for their own travel arrangements, hotel, food, registrations, and/or printing. **All receipts must be submitted to the School (nfish@iupui.edu) immediately after the travel.**

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

Student Name: _____ Program: HI BIO Enrollment Period (Sem): _____

Enrolled during requested travel: YES NO Conference name: _____

Conference Date(s): _____

Conference Location: _____

Travel Date(s): _____

Are you the first author of a research paper or poster to be presented at the conference? YES NO

If yes, please select the type: ___ Research paper ___ Poster

Presentation Date/Time: _____ Title of 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:

Amount	Explanation
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	Total (no more than \$750 is available for up to 2 years after enrollment in the program)

¹ <http://www.indiana.edu/~travel/policies/policies.shtml>

Brief narrative explaining the nature of this travel request:

Signature of the Student Requesting Support

10-digit ID

Date

Signature of the Faculty Most Familiar with the student's work (research advisor or instructor)

Date

Authorization:

Program Director

Date

Department Chair

Total Amount Approved

Date

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