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, 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 apply. 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 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:

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

1 IU Travel and Reimbursement Policies
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

Forward signed request to Robyn Hart (rohhart@iupui.edu).