



IUPUI

# SCHOOL OF INFORMATICS AND COMPUTING

DEPARTMENT OF BIOHEALTH INFORMATICS

Indiana University-Purdue University  
Indianapolis

## Approval for Ph.D. Student Research Conference Travel / Professional Development

Each Bio-Health Informatics Ph.D. student enrolled in 6 credit 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 and no more than \$1000 during any 12 months. This money is to be used to attend one or more research conferences *at which the student is presenting a peer-reviewed, first-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<sup>1</sup>. 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
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	<b>Total</b> (Limit \$750 for poster and \$1000 for paper presentations)

<sup>1</sup> <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](mailto:nfish@iupui.edu))**

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