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. This money is to be used to attend one or more research conferences 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. 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 may be spent in the first 2 years of enrollment in 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 (robhart@iupui.edu).