

UNIVERSITY OF LOUISVILLE
DEPARTMENT OF PHYSIOLOGY & BIOPHYSICS

GUIDELINES TO STUDENT REQUEST DEPARTMENT TRAVEL FUNDS

1. Students who are first author and who are presenting a paper (on research performed at the University of Louisville) will be funded by the Department. (At the discretion of the Chairman, matching funds up to \$300.00 may be provided for first year students who are not presenting, but have supporting letters from their faculty mentor.)
2. The maximum amount of funding by the Department is \$300. Only one trip per student can be funded per fiscal year.
3. It is the responsibility of the applicant to minimize travel expenses (e.g. Supersaver airfare, sharing rooms, etc.). In the space provided on the form indicate total costs to attend the meeting. Current allowed rates for most cities are: lodging - \$55/day plus taxes; food - \$40/day; travel - airfare or mileage @ 44.5/mile (not to exceed airfare).
4. Applications and a copy of the submitted abstract and a brief letter of support from the student's faculty mentor, may be submitted at any time prior to initiation of travel. In most cases, the Department Chairperson will review and act on travel requests within two weeks.
5. In several societies, abstract submission by a member guarantees acceptance. However, the Department requires that a copy of the confirmation notice from the meeting organizers must be submitted in order for funds to be awarded prior to the date of the meeting.

**DEPARTMENT OF PHYSIOLOGY AND BIOPHYSICS
APPLICATION FOR TRAVEL FUNDS**

NAME _____

YEARS IN GRADUATE PROGRAM _____

MEETING ATTENDING _____

INCLUSIVE DATES _____

LOCATION _____

ABSTRACT TITLE _____

AUTHORSHIP AS SUBMITTED _____

TOTAL COSTS TO ATTEND MEETING

TRANSPORTATION _____

LODGING _____

MEALS _____

REGISTRATION FEE _____

OTHER (identify) _____

TOTAL _____

When was the last time you received travel support from the Department? _____

SIGNATURES

Applicant _____

Mentor _____

RESEARCH COMMITTEE USE ONLY

Approval _____ Date _____ Amount _____

Tentative Approval _____ Date: _____ Amount _____

Disapproval _____ Date _____