# Request for Funding from

**University of Minnesota Medical School Education Office**

## Date submitted:

**Submitted by:**

***Name MS Year e-mail address ID#***

## Identity information:

* (Who):
* (What):
* (When):
* (Where):

***Please attach a copy of your abstract, paper, poster, etc to the application.***

## I have read the attached [travel policy](http://policy.umn.edu/finance/travel) and understand that my receipts must be turned in no later than 60 days after I complete the travel or my request will be denied (please initial here):

**Other Funding Sources**: (Amount contributed by department, grants or other sources)

## Total estimated cost:

**Purpose and rationale of travel**: (This is the “why” of the request and should at least contain a statement of purpose and rationale to facilitate evaluation)

**Impact**: (Express how the outcomes of the funding will provide a beneficial and long term impact).

**Follow-up**: (This section should outline what you will do to implement the travel experience into advising, research, and service and how you will share the information with others, especially students).

## Please return form to the Student Affairs Office at [medstuaf@umn.edu](mailto:medstuaf@umn.edu) – Medical School Education Office (B683 Mayo)

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| Office use only: Amount approved for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |