# **Graduate Student Travel Grant Application Form**

**OSU College of Pharmacy**

**Date of Application:**

**Student Name:**

**Student ID Number:**

**Year in the Pharm. Sci. Graduate Program:**

**Major Professor:**

**Event or Conference Name:**

**Depart Date: Return Date:**

**Destination:**

**Is this your first regional or national meeting after enrolling in the PS Graduate Program?**

YES / NO

**Title of paper** (please indicate whether it is a podium or a poster presentation):

**Estimated Expenses for Trip:**

(Please provide a detailed estimated budget. If partial funding is to be provided by the PI or a third party, please specify)

**Major Professor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return this form as email attachment to Dr. Kerry McPhail (kerry.mcphail@oregonstate.edu).