**OSU College of Pharmacy**

**Graduate Student Travel Grant Application Form**

**Date of Application:**

**Student Name:**

**Student ID Number:**

**Year in the Pharmacy 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 Pharmacy 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 to be provided by the PI or a third party, please specify)

Please return this form as email attachment to Dr. Taifo Mahmud (Taifo.Mahmud@oregonstate.edu).