Date Student Brought to BGS Financial Office:

BIOMEDICAL GRADUATE STUDIES – REQUEST FOR COURSE FUNDS

PRINT NAME: ______________________________ SIGNATURE: ______________________________

E-MAIL: ______________________________ DAY PHONE: ______________________________

COURSE INFORMATION:

<table>
<thead>
<tr>
<th>Dates: (mm/dd/yy – mm/dd/yy)</th>
<th>Location: (City, State, Country)</th>
<th>Name of Course:</th>
</tr>
</thead>
</table>

Attach a justification for attending the course as well as a letter of support from your advisor for attending the course.

EXPECTED COSTS: Please provide a detailed summary of all expected travel costs below

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Airfare / Rail</td>
<td></td>
</tr>
<tr>
<td>Hotel</td>
<td></td>
</tr>
<tr>
<td>Per Diem (meals only): ($/day) (days) = $</td>
<td></td>
</tr>
<tr>
<td>Registration Fee</td>
<td></td>
</tr>
<tr>
<td>Taxis and Local Transportation</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

Note: One time up to $1,500 max per BGS lifetime to attend one off-site course.

FUND SOURCES AND APPROVALS: Please petition your PI and Graduate Group, along with other possible sources, for funds. You must obtain amounts, signatures, and budget account information in the fields below before submitting a request to the BGS Financial Office.

AMOUNT OF P.I. CONTRIBUTION: $ __________________
Name of P.I.: __________________ Signature of P.I.: __________________
26-digit budget account #: __________________________
Contact Name and Phone: __________________________

AMOUNT OF GRADUATE GROUP CONTRIBUTION: $ __________________
Name of Graduate Group: __________________ Signature of GG Authorizer: __________________
26-digit budget account #: __________________________
Contact Name and Phone: __________________________

AMOUNT OF TRAINING GRANT CONTRIBUTION: $ __________________
(for those supported by a training grant)
Contact Name and Phone: __________________________

if applicable:
AMOUNT AVAILABLE FROM OTHER SOURCES SUCH AS INDIVIDUAL FELLOWSHIPS, OR OTHER: __________________
Contact Name and Phone: __________________________

DIRECTOR SIGNATURE: __________________ DATE SIGNED: __________________
Dr. Michael P. Nusbaum