

Joan C. Edwards School of Medicine  
Marshall University  
Office of Student Affairs

**Request to Travel: Medical Student**

Name:

Home Address:

Contact Phone number:

MU 901#:

Please circle one:      MS1              MS2              MS3              MS4              OSR

Purpose of Travel (Name of Conference):

Dates of Travel:

Destination: City/State:

Mentor/Research Department (if applicable):

Traveler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Block Leader/Clerkship Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office of Student Affairs Use Only:      Date Received:

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- Good academic Standing
- Block Leader/Clerkship Director Approval
- Research or Scholarly Activity Presentation
  - Proof of primary author or Presenter
  - Copy of abstract and verification of acceptance letter
- Conference
  - Proof of membership
- National Organization Meeting
  - Proof of position

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Approve                       Denied

Student notified: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Marshall University Travel Authorization Form Initiated: Initials: \_\_\_\_ Date: \_\_\_\_\_

Initiated: AMS 9/24/15