

College of Health Sciences Student International Study Grant
Reimbursement Request

This grant will provide \$500 for students completing an approved activity of at least one week (7 days, including direct travel) and an additional \$100 for each full week beyond the initial week up to a maximum of \$800. Students MUST submit receipts for reimbursement.

Students receiving grants remain eligible for additional scholarships and awards through UK Education Abroad and other agencies.

PROCEDURE:

Submit the completed Reimbursement Request with signatures and original travel receipts pertaining to your international study abroad experience to the CHS Business Office within 30 days of your return. Examples of items acceptable for reimbursement include air travel and train travel to and from your study abroad site and room and board costs incurred during your study abroad experience. You are strongly urged to make a copy for your records.

You need not submit receipts for expenses that exceed the amount you are reimbursed. (For example, if you are eligible for \$500 and your airline ticket was \$700, you may wish to submit the receipt to your airline ticket only. In this example, it will not be helpful to submit receipts for room and board since the reimbursable amount is only \$500.)

Note: Receipts for food must be itemized. Liquor, expenses associated with touring outside of your international study abroad activity are not reimbursable.

Date Submitted:

Student Name:

Student ID#:

Phone #:

Mailing Address:

Academic Program:

Location of International Study Abroad Experience:

International Study Abroad Dates:

Travel Start Date (month, day, year):

Travel End Date (month, day, year):

Full weeks in Study Abroad Experience (including travel):

If the travel start and end dates vary from the dates of the study abroad experience, please explain (e.g., you extended your trip for a week to tour the country or you arrived 5 days early to visit friends).

I confirm that all information and receipts regarding the Study Abroad Experience are accurate.

Student Signature

Date

I confirm that this student satisfactorily completed the study abroad experience approved by the program as described.

Program Director Signature

Date

The maximum reimbursable amount for this student is:

- \$500 (at least 7 days, including travel)
- \$600 (at least 14 days, including travel)
- \$700 (at least 21 days, including travel)
- \$800 (at least 28 days, including travel)

Associate Dean of Academic Affairs Signature

Date