

The University of Alabama
College of Community Health Sciences
Medical Student International Travel Authorization

Name: _____

Request Date: _____

Proposed travel Dates Start: _____ End: _____

Travel location & purpose:

Emergency telephone number where I can be reached: _____

Funding sources: UAB travel stipend/scholarship requested ____ received ____

 CCHS travel stipend/scholarship* requested ____ received ____

Other: _____

Required signatures:

Director, Medical Student Affairs* Date

CCHS Chief Financial Officer Date

UA Office of Academic Affairs Date

UA Office for Research Compliance Date

*Director of Medical Student Affairs signature is required as part of a CCHS funding application.

University of Alabama School of Medicine
Tuscaloosa Regional Campus
Office of Medical Student Affairs
Box 870326
(205) 348-1320