

College of Population Health Student Poster Support Request

The Jefferson College of Population Health provides poster support to eligible students and alumni to help defray costs associated with their attendance at professional conferences.

Priority is given to students and alumni delivering a peer-reviewed poster presentation at a regional, national, or other major meeting related to their degree program. For alumni, the conference/meeting must be within 12 months of graduation. Requests for other reasons will also be considered.

Poster support is capped at \$100 per poster printing for up to three posters per year.

Students should be aware of the following conditions:

- Students must be in good academic standing.
- Requests should be made at least 30 days prior to the event to guarantee consideration of review. Students will hear back within 2 weeks of submitting a request.
 - Awards are not made on a retroactive basis (i.e., for conferences/meetings attended prior to the date of submission).
- Preference is given to applicants who have not been previously funded.
- Final approval of request is made by the Office of Academic Affairs after applicant submits appropriate request form with required documentation.
 - Pre-approval is available, but reimbursement processing is pending receipts.
No reimbursement will be made without receipts.
 - Program Director sign-off is **not** an approval.
- All awards are subject to availability of funding.
- All posters and presentations must use approved Jefferson Templates (see the *Student Handbook* for more information).

Student Poster Support Request

Student Name: _____ Campus Key: _____

Program: _____ Date Submitted: _____

Title of Poster:

Purpose of Poster: (course requirement, conference, etc.)

Required: (checking these indicates submission)

☐ Digital copy of poster (8.5" x 11")

☐ Documentation - purpose of poster e.g. conference poster acceptance email, course requirement

☐ Receipt - printing of poster (for final approval)

Total Amount Requested (max \$100):

\$ _____

Student Signature: _____ Date: _____

☐ Reimbursement Request **Pre-Approved** for \$ _____ (**pending receipts**)

☐ Reimbursement Request **Approved** for \$ _____ ☐ W-9 Submitted

☐ Request **Denied**:

*Program Director Signature: _____ Date: _____

Senior Director, Academic Operations Signature: _____ Date: _____

**Indicates Program Director support, but not final approval*