



**DEPARTMENT OF IMMUNOLOGY  
STUDENT TRAVEL AWARDS  
APPLICATION FORM**

**AIM:** TO SUPPORT THE ATTENDANCE OF POST-GRADUATE RESEARCH STUDENTS AT NATIONAL OR INTERNATIONAL CONFERENCES

**ELIGIBILITY:** STUDENTS MUST BE PRESENTING TALK OR POSTER AT THE CONFERENCE

**AMOUNT:** UP TO \$400 WILL BE AVAILABLE PER CALENDAR YEAR AND CLAIMED UPON SUPPLY OF RECEIPT AND EVIDENCE OF PRESENTATION

Reimbursements are to be processed through the CENTRAL CLINICAL SCHOOL FINANCE OFFICE (LEVEL 1).

**STUDENT DETAILS**

NAME:.....

STUDENT ID:.....

SUPERVISOR:.....

STUDENT SIGNATURE:..... Date:.....

SUPERVISOR'S SIGNATURE

*Supervisor's Signature*.....

*Date*.....

**CONFERENCE DETAILS**

NAME:.....

LOCATION:.....

DATE OF CONFERENCE:.....

**PLEASE ATTACH COPY OF RECEIPT, ABSTRACT  
AND PROOF OF PRESENTATION**

**OFFICE USE ONLY**

THIS APPLICATION HAS BEEN CONSIDERED BY THE DEPARTMENTAL EXECUTIVE COMMITTEE

**APPROVED / DISAPPROVED** (circle one)

Signed: Name.....FRANK ALDERUCCIO... Signature..... Date:.....

SUBMIT HARDCOPY OF APPLICATION TO A/P FRANK ALDERUCCIO.  
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