



# College of Health Sciences

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## CHS Education Abroad Travel Grant Reimbursement Request

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This grant provides \$500 for CHS students completing a CHS program approved, health related, education abroad activity for academic credit. The activity must be at least one week (7 days, including direct travel).

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

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### PROCEDURE:

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

You need not submit receipts for expenses that exceed \$500. (For example, if you paid \$700 for your airline ticket, you should submit the receipt to your airline ticket only. It will not be helpful to submit receipts for room and board since the reimbursable amount is only \$500).

If you submit food expenses, they must be itemized. Liquor and any expenses associated with touring outside of your education abroad activity are not reimbursable.

Reimbursement Requests will not be processed unless they are complete and accompanied by receipts.

Student Name

Academic Major/Professional Program (AT, CLM, CSD, HHS, MLS, PAS, PT, RHB)

Student ID #

Phone Number

Email Address

Mailing Address

City

State

Zip Code

Name of Health Related Education Abroad Course

Course Title, Prefix and #

Credits

Location of International Experience

Start Date

End Date

If the travel start and end dates (e.g., plane ticket dates) vary from the dates of the education 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).

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I confirm that all information and receipts regarding the education abroad experience are accurate.

Student Signature

Date

I confirm that this student satisfactorily completed the health related, education abroad experience approved by the program as described.

Student Academic Major Program Director Signature

Date

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**Once all appropriate signatures have been collected bring the completed form to Tammy Jo Edge in CTW 111. For questions, email [tammy.edge@uky.edu](mailto:tammy.edge@uky.edu).**

Office of Student Affairs Signature

Date

Date Form Submitted