
CHS Education Abroad Travel Grant Reimbursement Request

This grant provides \$500 for CHS students completing an Education Abroad (EA) activity. To be approved, the EA activity must meet the following criteria

- ✓ The EA experience must be at least 7 days in duration.
- ✓ The EA experience must be a *credit-bearing* program vetted by the UK International Center.
- ✓ The EA experience must also meet one of the following criterion:
 - The EA experience must be a CHS-sponsored program, meaning the course must be offered by a CHS instructor with a CHS prefix (e.g., CLM, CSD, HHS, MLS, etc.) or
 - The EA experience must transfer back to fulfill a CHS course with a CHS course prefix or
 - The EA experience must last at least 8 weeks and include a health or healthcare related course or
 - The EA experience is part of the UK Shoulder to Shoulder program.

Approval is contingent upon internal fund availability. 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 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 EA 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).

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

Once all appropriate signatures have been collected bring the completed form to Kathryn Greenhalgh in CTW 111. For questions, email kathryn.greenhalgh@uky.edu.

Office of Student Affairs Signature

Date

Date Form Submitted