



**YALE UNIVERSITY
GRADUATE SCHOOL OF ARTS AND SCIENCES**

***TRAVEL CLINIC CERTIFICATION
FOR DISSERTATION RESEARCH TRAVEL***

Date: _____

The Graduate School has created a fellowship that provides Ph.D. students working on their dissertation with support for the cost of inoculations and drug prescriptions at Yale Health that are required for travel outside the United States.

Students will receive a credit on their bursar account once they obtain certification from the DGS and from the Travel Clinician. **Students must bill their Yale Student Account in order to receive reimbursement.** Students must provide copies of receipts for travel prescriptions in order to be reimbursed for those costs. The receipt must include the name and the cost of the prescription.

I certify that _____ a Ph.D candidate enrolled in
(Student Name)
the _____ Program Department needs to travel
to _____ for dissertation research
(Country)
from _____ to _____ .
(Date) (Date)

Department DGS (signature)

(Date)

Travel Clinic Charges: \$ _____

Prescription Charges (must provide receipts that show
the prescription name and cost) \$ _____

TOTAL: \$ _____

Return the completed form to:
Graduate School Financial Aid Office, 320 York Street HGS, Room 130-131, New Haven, CT 06520-8236