



Society and Mentor Approval of Travel Abroad

Harvard Medical School Faculty – Society Director or Associate Director

Name: _____ Title: _____

Phone Number: _____ Email: _____

I have spoken to _____ and provided advice and support to the student undertaking this international experience. I have reviewed the student's application. I approve this student's application to travel abroad. I approve this student's application for funding.

Signed: _____ Date: _____

On-site Project Mentor

Please submit evidence that your mentor at the hosting site is expecting you for the time period you are requesting funding. This can be a letter or email from your on-site project mentor or other proof that you have been accepted into the program for the time period for which you are requesting funding. Please send this information to the HMS Office of Scholarly Engagement (OSE) via mail (HMS Office of Scholarly Engagement, 260 Longwood Avenue, Suite 347, Boston, MA 02115, USA), email (to ose@hms.harvard.edu) or fax (617-432-5868).

Student

I agree to provide a complete report, evaluation, and any other requested information upon return. I understand that a portion of my total award will be withheld until my report is approved by the OSE.

Student Name: _____

Signed: _____ Date: _____

8/2023

OFFICE OF SCHOLARLY ENGAGEMENT

260 Longwood Ave. Suite 347

Boston, MA 02115

Tel: (617) 432-1573

Fax: (617) 432-5868