



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

***TRAVEL HEALTH 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 and/or copies of invoices for both the travel prescriptions, which must include the name and cost of the prescription, and the travel health charges in order to be reimbursed for those costs.

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 Health Charges: (*must provide backup  
documentation, such as copies of invoices  
obtained via Yale Health*)

\$ \_\_\_\_\_

Prescription Charges (*must provide receipts  
that show the prescription name and cost,  
such as the sheet included with your prescription*)

\$ \_\_\_\_\_

TOTAL:

\$ \_\_\_\_\_

Return the completed form to:

Graduate School of Arts and Sciences, Financial Aid Office, 246 Church Street, Room 208, New Haven, CT 06520 or via email at [gradfinaid@yale.edu](mailto:gradfinaid@yale.edu)