



## Dissertation Expense Reimbursement Policy

---

This Policy applies only to Jefferson College of Population Health **doctoral students**.

The Dissertation is a requirement of the program, and the student may incur expenses associated with it. In cases where the research is associated with another non-JCPH organization (either within or outside the Jefferson community), that organization should cover project-related expenses associated with elements of the project that are specific to their organization. In the case when the Dissertation Project is conducted independent of any outside organization, incurred expenses may be eligible for reimbursement from the Jefferson College of Population Health.

Eligible expenses may include, but are not limited to: incentives to potential participants/remuneration for participation, development of materials, printing and mailing study materials, and travel expenses.

To be eligible for reimbursement:

1. All reimbursable expenses should be a vital part of the approved Dissertation Project, and be included in the budget of the approved Dissertation Proposal.
2. The student must submit the *Dissertation Reimbursement Approval Request* to the applicable Program Director (signed by student and Dissertation Committee Chair) which itemizes the items for reimbursement, the rationale for their use, and the expected cost of the items.
3. Approvals must be obtained before the start of the Dissertation.
4. Maximum reimbursement is \$1000.
5. Reimbursement requires the approved application and receipts submitted to the applicable Program Director.

# Dissertation Reimbursement Request

---

Requests for reimbursement must be submitted and approved prior to purchase. Attach a copy of the Dissertation Proposal & receipts for all items for which reimbursement is requested.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Campus Key: \_\_\_\_\_

Dissertation Title: \_\_\_\_\_

Committee Chair: \_\_\_\_\_

Dissertation Proposal Approval Date: \_\_\_\_\_

Reimbursements Requested:

Item	Cost	
		<b>Total:</b>

## Signatures

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Dissertation Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Director, Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_