



# GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

University of Medicine & Dentistry of New Jersey

Mr./Ms. \_\_\_\_\_

A graduate student in \_\_\_\_\_

Graduate Program, has the permission of the Program to attend the following

Scientific conference: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date