

**APPLICATION FOR A CONFERENCE TRAVEL GRANT**  
**MASTER'S WITH THESIS STUDENTS**

STUDENT IDENTIFICATION			
SURNAME	GIVEN NAMES	STUDENT NUMBER	
ACADEMIC UNIT / DISCIPLINE		TELEPHONE NUMBER	
THESIS TOPIC			
EMAIL		FIRST TERM OF REGISTRATION IN MASTER'S PROGRAM	
		<input type="checkbox"/> JANUARY <input type="checkbox"/> APRIL <input type="checkbox"/> SEPTEMBER	YEAR <input type="text"/>
PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 40px; width: 20px;"></div> <div style="text-align: center;">                     WRITTEN CONFIRMATION THAT YOUR PUBLICATION IS ACCEPTED AT THE CONFERENCE                       CONTRIBUTIONS AND RECOMMENDATIONS OF THE ACADEMIC UNIT AND / OR THE SUPERVISOR WITH SIGNATURES                       ABSTRACT OF YOUR PRESENTATION WITH OFFICIAL AUTHORS LIST                 </div> </div>			
NAME OF CONFERENCE			
LOCATION OF CONFERENCE	CITY	PROVINCE/STATE	COUNTRY
GEOGRAPHICAL ZONE (PLEASE REFER TO MAP)	<input type="checkbox"/> A (\$ 550) <input type="checkbox"/> B (\$ 550) <input type="checkbox"/> C (\$ 425) <input type="checkbox"/> D (\$ 550) <input type="checkbox"/> E (\$ 300) <input type="checkbox"/> OTHER (\$ 550)		
DATE OF CONFERENCE	FROM	TO	CONFERENCE WEBSITE (IF APPLICABLE)
	<input type="text"/> YEAR <input type="text"/> MONTH <input type="text"/> DAY	<input type="text"/> YEAR <input type="text"/> MONTH <input type="text"/> DAY	
HOW IS THE TOPIC OF THE CONFERENCE RELATED TO YOUR THESIS?			
<hr/> <hr/> <hr/>			
EXPLAIN THE RELEVANCE OF THE CONFERENCE FOR YOUR RESEARCH			
<hr/> <hr/> <hr/>			
TITLE OF YOUR PRESENTATION		<input type="checkbox"/> POSTER <input type="checkbox"/> VERBAL PRESENTATION	
NAME OF THE FIRST AUTHOR OF THE PUBLICATION		CO-AUTHOR(S)	
HAVE YOU REQUESTED FINANCIAL ASSISTANCE FROM ANOTHER ORGANIZATION FOR THIS SAME CONFERENCE?			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE SPECIFY			
		<input type="checkbox"/> APTPUO <input type="checkbox"/> CUPE <input type="checkbox"/> GSAED <input type="checkbox"/> HOME FACULTY <input type="checkbox"/> OTHER: _____	
I CONFIRM THAT I READ THE RULES OF THE PROGRAM AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND ACCURATE.			
_____		_____	
DATE		SIGNATURE (GRANT REQUESTER)	

**FINANCIAL CONTRIBUTION**

(MINIMUM \$100 REQUIRED)

WHAT WILL BE THE FINANCIAL CONTRIBUTION OF THE ACADEMIC UNIT AND / OR THE THESIS SUPERVISOR?

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

OPERATIONS BUDGET

GRANT

APPROVED BY (FINANCIAL CONTRIBUTION PROVIDED):

NAME (PRINT)

\_\_\_\_\_

TITLE

\_\_\_\_\_

EMAIL

\_\_\_\_\_

DEPARTMENT

\_\_\_\_\_

DATE

SIGNATURE

**THESIS SUPERVISOR'S RECOMMENDATION**

IS THE STUDENT'S THESIS TOPIC INDICATED ON PAGE 1 EXACT?

YES

NO

\_\_\_\_\_  
\_\_\_\_\_

IS THE PUBLICATION TOPIC DIRECTLY RELATED TO THE THESIS?

YES

NO

\_\_\_\_\_  
\_\_\_\_\_

PLEASE EXPLAIN THE RELEVANCE OF PARTICIPATING INTO THIS CONFERENCE AT THIS STAGE OF THE CANDIDATE'S RESEARCH PROGRAM

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NAME (PRINT)

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EMAIL

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I CONFIRM THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND ACCURATE.

DATE

SIGNATURE (THESIS SUPERVISOR)

**FOR ADMINISTRATIVE USE ONLY**

APPROVED

REJECTED

REFERENCE

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APPROVAL OF THE VICE-DEAN GRADUATE

NAME (PRINT)

DATE

SIGNATURE