

**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 <input style="width: 20px;" type="text"/> YEAR	
PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION <ul style="list-style-type: none"> <input type="checkbox"/> WRITTEN CONFIRMATION THAT YOUR PUBLICATION IS ACCEPTED AT THE CONFERENCE <input type="checkbox"/> CONTRIBUTIONS AND RECOMMENDATIONS OF THE SUPERVISOR WITH SIGNATURES <input type="checkbox"/> ABSTRACT OF YOUR PRESENTATION WITH OFFICIAL AUTHORS LIST 			
NAME OF CONFERENCE			
LOCATION OF CONFERENCE		PROVINCE/STATE	COUNTRY
CITY <input style="width: 100px;" type="text"/>			
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		CONFERENCE WEBSITE (IF APPLICABLE)	
FROM <input style="width: 100px;" type="text"/>		TO <input style="width: 100px;" type="text"/>	
YEAR MONTH DAY		YEAR MONTH DAY	
HOW IS THE TOPIC OF THE CONFERENCE RELATED TO YOUR THESIS?			
EXPLAIN THE RELEVANCE OF THE CONFERENCE FOR YOUR RESEARCH			
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 THESIS SUPERVISOR?

\$ _____



OPERATIONS BUDGET

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

NAME (PRINT)

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

EMAIL

DATE

SIGNATURE (THESIS SUPERVISOR)

FOR USE OF THE FACULTY OF HEALTH SCIENCES

APPROVED REJECTED

REFERENCE

APPROVAL OF THE ASSOCIATE DEAN



NAME (PRINT)

DATE

SIGNATURE

Faculty of Health Sciences

fssvd@uottawa.ca | 613-562-7902

538-540 King Edward, Room 212, Ottawa ON K1N 6N5

