

APPLICATION FOR A VIRTUAL CONFERENCE 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 _____	
PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> WRITTEN CONFIRMATION THAT YOUR PUBLICATION IS ACCEPTED AT THE CONFERENCE <input type="checkbox"/> ABSTRACT OF YOUR PRESENTATION WITH OFFICIAL AUTHORS LIST </div>			
NAME OF VIRTUAL CONFERENCE			
DATE OF CONFERENCE	FROM	TO	APPROX. COST
	YEAR MONTH DAY	YEAR MONTH DAY	\$
CONFERENCE WEBSITE (IF APPLICABLE)			
HOW IS THE TOPIC OF THE CONFERENCE RELATED TO YOUR THESIS?			
EXPLAIN THE RELEVANCE OF THE CONFERENCE FOR YOUR RESEARCH			
TITLE OF YOUR VIRTUAL 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)	

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

I CONFIRM, AS A SUPERVISOR, THAT I HAVE NOT REIMBURSED THE STUDENT FOR THE FEES CLAIMED

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

NAME (PRINT)

EMAIL

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

_____ 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

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