

**APPLICATION FOR A VIRTUAL CONFERENCE GRANT
PHD AND FAST-TRACK STUDENTS**

STUDENT IDENTIFICATION					
SURNAME		GIVEN NAMES		STUDENT NUMBER	
ACADEMIC UNIT / DISCIPLINE				TELEPHONE NUMBER	
THESIS TOPIC					COTUTELLE <input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL		FIRST TERM OF REGISTRATION IN PH.D. PROGRAM		YEAR	PROGRAM
		<input type="checkbox"/> JANUARY <input type="checkbox"/> MAY <input type="checkbox"/> SEPTEMBER		<input type="checkbox"/> PH.D. <input type="checkbox"/> FAST-TRACK	
PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION <input type="checkbox"/> WRITTEN CONFIRMATION THAT YOUR PUBLICATION IS ACCEPTED AT THE CONFERENCE <input type="checkbox"/> ABSTRACT OF YOUR PRESENTATION WITH OFFICIAL AUTHORS LIST					
NAME OF VIRTUAL CONFERENCE					
DATE OF CONFERENCE		FROM	TO	APPROX. COST	CONFERENCE WEBSITE (IF APPLICABLE)
		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 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: _____					
NUMBER OF TRAVEL GRANTS OBTAINED FROM THE FGPS?		DATES AND AMOUNTS:			
		YEAR MONTH DAY \$		YEAR MONTH DAY \$	
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)

[Text input field for Name]

EMAIL

[Text input field for 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

[Text input field for Reference]

APPROVAL OF THE VICE DEAN



NAME (PRINT)

DATE

SIGNATURE