

**RESEARCH TRAVEL GRANT**  
(PhD OR FAST-TRACK)

			REF.	
SURNAME		GIVEN NAMES		STUDENT NO.
ACADEMIC UNIT		TELEPHONE NO.	OFFICE	LABORATORY
E-MAIL				
STUDENT SESSION AT THE TIME OF THE STAY		PH.D. SESSIONS 3 TO 12	FAST-TRACK PROGRAM SESSIONS 2 TO 15	

LOCATION OF THE STAY	CITY	COUNTRY
DATE OF THE STAY	FROM	TO
	YEAR MONTH DAY	YEAR MONTH DAY
EXPLAIN BRIEFLY THE RELEVANCE OF THIS STAY.		

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\_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE (REQUESTER)

**RECOMMENDATION (THESIS DIRECTOR)**

RECOMMENDATION (INCLUDING JUSTIFICATION OF THE RELEVANCE OF THE REQUEST AT THIS STAGE OF RESEARCH PROGRAM OF THE CANDIDATE)

NAME (PLEASE PRINT)

\_\_\_\_\_

E-MAIL

\_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE (THESIS DIRECTOR)

**FOR USE OF THE FACULTY OF HEALTH SCIENCES**

APPROVAL

NAME OF THE ASSOCIATE DEAN

\_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE (ASSOCIATE DEAN)

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