

APPLICATION FOR A CONFERENCE TRAVEL GRANT- PHD AND FAST-TRACK STUDENTS

STUDENT IDENTIFICATION					
SURNAME		GIVEN NAMES		STUDENT NUMBER	
ACADEMIC UNIT / DISCIPLINE			TELEPHONE NUMBER		
THESIS TOPIC				COTUTELLE YES NO	
EMAIL		FIRST TERM OF REGISTRATION IN PH.D. PROGRAM		YEAR	PROGRAM
		JANUARY MAY SEPTEMBER			PH.D. FAST-TRACK
PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION			<p>WRITTEN CONFIRMATION THAT YOUR PUBLICATION IS ACCEPTED AT THE CONFERENCE</p> <p>CONTRIBUTIONS AND RECOMMENDATIONS OF THE ACADEMIC UNIT AND / OR THE SUPERVISOR WITH SIGNATURES</p> <p>ABSTRACT OF YOUR PRESENTATION WITH OFFICIAL AUTHORS LIST</p>		
NAME OF CONFERENCE					
LOCATION OF CONFERENCE		CITY	PROVINCE/STATE	COUNTRY	
GEOGRAPHICAL ZONE (PLEASE REFER TO MAP)		A (\$ 650)	B (\$ 750)	C (\$ 425)	D (\$ 550)
		E (\$ 300)	OTHER (\$ 800)		
DATE OF CONFERENCE		FROM	TO	CONFERENCE WEBSITE (IF APPLICABLE)	
		YEAR MONTH DAY	YEAR MONTH DAY		
HOW IS THE CONFERENCE PRESENTATION/POSTER DIRECTLY TO THE THESIS CONTENT. PLEASE EXPLAIN					
EXPLAIN THE RELEVANCE OF THE CONFERENCE FOR YOUR RESEARCH					
TITLE OF YOUR PRESENTATION				POSTER 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?		YES NO			
IF YES, PLEASE SPECIFY		APTPUO CUPE GSAED HOME FACULTY OTHER: _____			
NUMBER OF TRAVEL GRANTS OBTAINED FROM THE FHS?		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)

Faculty of Health Sciences

200 Lees Ave, Ottawa, Ontario K1N 6N5

[Academic Office](#)


FINANCIAL CONTRIBUTION

WHAT WILL BE THE FINANCIAL CONTRIBUTION OF THE ACADEMIC UNIT AND / OR THE THESIS SUPERVISOR? (MINIMUM \$100 REQUIRED) \$ _____ OPERATIONS BUDGET GRANT

APPROVED BY (FINANCIAL CONTRIBUTION PROVIDER):
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 CONFERENCE PRESENTATION/POSTER DIRECTLY RELATED TO THE THESIS CONTENT? PLEASE EXPLAIN. YES NO

PLEASE EXPLAIN THE RELEVANCE OF PARTICIPATING IN 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 ADMINISTRATIVE USE ONLY

APPROVED REJECTED REFERENCE _____

APPROVAL OF THE ASSOCIATE DEAN _____