RESEARCH TRAVEL GRANT

(MASTER'S WITH THESIS)

REF.

SURNAME | GIVEN NAMES | STUDENT NO.

ACADEMIC UNIT | TELEPHONE NO. | OFFICE | LABORATORY

E-MAIL

STUDENT SESSION AT THE TIME OF THE STAY | MASTER'S SESSIONS 2 TO 6

LOCATION OF THE STAY | CITY | COUNTRY

DATE OF THE STAY | FROM: YEAR / MONTH / DAY | TO: YEAR / MONTH / DAY

EXPLAIN BRIEFLY THE RELEVANCE OF THIS STAY.

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DATE

SIGNATURE (REQUESTER)

RECOMMENDATION (ACADEMIC UNIT)

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 (RESEARCH SUPERVISOR)

FOR THE USE OF THE FACULTY OF MEDICINE

APPROVAL

NAME OF THE ADMINISTRATOR

DATE

SIGNATURE (ADMINISTRATOR)

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