Université d'Ottawa **University of Ottawa**

APPLICATION FOR A CONFERENCE TRAVEL GRANT

MASTER'S WITH THESIS | PHD

MASTER'S WITH THESIS STUDENT

PHD STUDENT

STUDENT IDENTIFICATION																
SURNAME				(GIVEN NA	MES					5	STUDENT N	UMBER			
														- 1		
ACADEMIC UNIT / DISCIPLINE												TELEPHON	E NUMBER			'
												ı		1	1 1 1	1
THESIS TOPIC												<u> </u>				
EMAIL										FIRST TE	RM OF REGIST	RATION IN	MASTER'S PRO	OGRAM	Υ	EAR .
										JAN	IUARY	APRIL	SEPT	EMBER		шШ
				WRITTEN C	ONFIRMA	TION THAT	YOUR PUBLIC	CATION IS AC	CEPTED A	T THE CONFEREN	CE					
WRITTEN CONFIRMATION THAT YOUR PUBLICATION IS ACCEPTED AT THE CONFERENCE																
PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION CONTRIBUTIONS AND RECOMMENDATIONS OF THE SUPERVISOR WITH SIGNATURES																
ABSTRACT OF YOUR PRESENTATION WITH OFFICIAL AUTHORS LIST																
NAME OF CONFERENCE																
	CITY			ŀ	PROVINCE	E/STATE					COUNTRY					
LOCATION OF CONFERENCE																
	FROM		ТО					CONFEREN	ICE WEBS	SITE (IF APPLICABL	.E)					
DATE OF CONFERENCE	Ι .		1.1				1			,	,					
	YEAR		DAY	YEAR	М	HTMC	DAY									
HOW IS THE TOPIC OF THE CONFERENCE RELATED TO YOUR THESIS?																
EXPLAIN THE RELEVANCE OF T	HE CONFERENCE FOR YO	UR RESEARCH														
-																
TITLE OF YOUR PRESENTATION	1															
THEE OF TOOK! RECENTATION	•										\triangleright	PO	STER	O	RAL PRESENTAT	ION
NAME OF THE FIRST AUTHOR O	OF THE PUBLICATION				CO-AUTH	IOR(S)										
						1-7										
						<u> </u>										
HAVE YOU REQUESTED FINANCE	CIAL ASSISTANCE FROM AN	NOTHER ORGANIZ	ATION FOR THIS SA	AME CONFERE	ENCE?	\triangleright	YES	NO								
			IE V.	- DI E40E 05	אבטובע	N	ADTOLIC	0	DE	00455	HOME EAST.	TV.	OTHER			
			IF YE	ES, PLEASE SF	COIFY	\triangleright	APTPUO	CUF	rc	GSAED	HOME FACUL	.1 f	OTHER:			
I CONFIRM THAT I READ THE RULES OF THE PROGRAM AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND																
ACCURATE.				-		DATE					0:01:-	UDE (OD:	T DEOLUCATE	N		
						DATE					SIGNAT	UKE (GRAN	IT REQUESTER	()		

Department of Cellular and Molecular Medicine cmmdept@uottawa.ca | 613-562-5406 451Smyth Road, Room 3206, Ottawa ON K1H 8M5



ESTIMATED TRAVEL EXPENSES							
PLEASE LIST YOUR PROJECTED EXPENSES FOR THIS TRIP (AIR, TRAIN, TAXI, ACCO	MODATION, REGISTRATION FEES, POSTER PRINT	ING, MEALS, ETC):					
Transportation (Air Fare, Train, etc.) - \$		Notes					
Accommodations - \$							
Registration/Conference Fees - \$							
Meals - \$							
Taxi, Ride Sharing, Public Transportation - \$							
Additional Costs - \$							
	THESIS SUPERVISOR'S F	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						
WILL THE THESIS SUPERVISOR CONTRIBUTE TOWARDS THIS TRAVEL?							
WILL THE THESIS SUPERVISOR CONTRIBUTE TOWARDS THIS TRAVEL?	S NO UNCERT						
IF THE SUPERVISOR WILL CONTRIBUTE: REMAINING BALANCE	OR PLEASE ADD AMOUNT \$	GRANT FDM					
NAME (PRINT) EMAIL	I CONFIRM THAT	T THE INFORMATION PROVIDED IN THIS APPLI TE SIGNA	CATION IS COMPLETE AND ACCURATE. ITURE (THESIS SUPERVISOR)				
	FOR ADMINISTRAT	IVE USE ONLY					
APPROVED REJECTED APPROVAL OF THE ADMINISTRATOR NAM	IE (PRINT)	DATE	SIGNATURE				

Department of Cellular and Molecular Medicine <u>cmmdept@uottawa.ca</u> | 613-562-5406 451Smyth Road, Room 3206, Ottawa ON K1H 8M5

