

APPLICATION FOR A CONFERENCE TRAVEL GRANT

MASTER'S WITH THESIS STUDENT

MASTER'S WITH RESEARCH PROJECT STUDENT

PHD STUDENT

STUDENT IDENTIFICATION			
SURNAME	GIVEN NAMES	STUDENT NUMBER	
ACADEMIC UNIT / DISCIPLINE	TELEPHONE NUMBER		
THESES TOPIC			
EMAIL	FIRST TERM OF REGISTRATION IN PROGRAM		YEAR
		JANUARY APRIL SEPTEMBER	_ _ _
PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION	WRITTEN CONFIRMATION THAT YOUR PUBLICATION IS ACCEPTED AT THE CONFERENCE CONTRIBUTIONS AND RECOMMENDATIONS OF THE ACADEMIC UNIT AND / OR THE SUPERVISOR WITH SIGNATURES ABSTRACT OF YOUR PRESENTATION WITH OFFICIAL AUTHORS LIST		
NAME OF CONFERENCE			
LOCATION OF CONFERENCE	CITY	PROVINCE/STATE	COUNTRY
DATE OF CONFERENCE	FROM	TO	CONFERENCE WEBSITE (IF APPLICABLE)
		_ _ _ _ _ _	_ _ _ _ _ _
HOW IS THE TOPIC OF THE CONFERENCE RELATED TO YOUR THESIS?			

EXPLAIN THE RELEVANCE OF THE CONFERENCE FOR YOUR RESEARCH			

TITLE OF YOUR 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
		OTHER: _____	
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)	

ESTIMATED TRAVEL EXPENSES

PLEASE LIST YOUR PROJECTED EXPENSES FOR THIS TRIP (AIR, TRAIN, TAXI, ACCOMODATION, REGISTRATION FEES, POSTER PRINTING, MEALS, ETC):

Transportation (Air Fare, Train, etc.) - \$

Notes

Accommodations - \$

Registration/Conference Fees - \$

Meals - \$

Taxi, Ride Sharing, Public Transportation - \$

Additional Costs - \$

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

PLEASE EXPLAIN THE RELEVANCE OF PARTICIPATING INTO THIS CONFERENCE AT THIS STAGE OF THE CANDIDATE'S RESEARCH PROGRAM

WILL THE THESIS SUPERVISOR CONTRIBUTE TOWARDS THIS TRAVEL? YES NO UNCERTAIN

IF THE SUPERVISOR WILL CONTRIBUTE: REMAINING BALANCE OR PLEASE ADD AMOUNT \$ _____ ▷ GRANT FDM _____

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

APPROVAL OF THE ADMINISTRATOR



NAME (PRINT)

DATE

SIGNATURE