

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		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	
GEOGRAPHICAL ZONE (PLEASE REFER TO MAP)		A (\$ 500)	B (\$ 500)	C (\$ 350)	D (\$ 500)
		E (\$ 250)	OTHER (\$ 500)		
DATE OF CONFERENCE		FROM	TO	CONFERENCE WEBSITE (IF APPLICABLE)	
		YEAR MONTH DAY	YEAR MONTH DAY		
HOW IS THE TOPIC OF THE CONFERENCE RELATED TO YOUR THESIS?					
<hr/> <hr/> <hr/>					
EXPLAIN THE RELEVANCE OF THE CONFERENCE FOR YOUR RESEARCH					
<hr/> <hr/> <hr/>					
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: _____					
NUMBER OF TRAVEL GRANTS OBTAINED FROM THE FGPS? <input type="checkbox"/> _____		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)		

FINANCIAL CONTRIBUTION

(MINIMUM \$100 REQUIRED)

WHAT WILL BE THE FINANCIAL CONTRIBUTION OF THE ACADEMIC UNIT AND / OR THE THESIS SUPERVISOR?

\$ _____

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 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

NAME (PRINT)

EMAIL

I CONFIRM THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND ACCURATE.

DATE

SIGNATURE (THESIS SUPERVISOR)

FOR ADMINISTRATIVE USE ONLY

APPROVED

REJECTED

REFERENCE

APPROVAL OF THE ASSOCIATE DEAN



NAME (PRINT)

DATE

SIGNATURE

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