

**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 (\$ 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 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

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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

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APPROVAL OF THE ASSOCIATE DEAN



NAME (PRINT)

DATE

SIGNATURE