

RESEARCH TRAVEL GRANT
(MASTER'S WITH THESIS)

		REF. 	
SURNAME		GIVEN NAMES	STUDENT NO.
ACADEMIC UNIT		TELEPHONE NO.	OFFICE
E-MAIL		LABORATORY	
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	TO	
	YEAR MONTH DAY	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 USE OF THE FACULTY OF SOCIAL SCIENCES

APPROVAL

NAME OF THE ASSOCIATE DEAN

_____ DATE _____ SIGNATURE (ASSOCIATE DEAN)