

APPLICATION FOR A CONFERENCE TRAVEL GRANT
MASTER'S WITH THESIS STUDENTS

STUDENT IDENTIFICATION			
SURNAME	GIVEN NAMES	STUDENT NUMBER	
ACADEMIC UNIT / DISCIPLINE		TELEPHONE NUMBER	
THESES TOPIC			
EMAIL		FIRST TERM OF REGISTRATION IN MASTER'S PROGRAM	
		<input type="checkbox"/> JANUARY <input type="checkbox"/> APRIL <input type="checkbox"/> SEPTEMBER	YEAR <input type="text"/>
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)	<input type="checkbox"/> A (\$ 550) <input type="checkbox"/> B (\$ 550) <input type="checkbox"/> C (\$ 425) <input type="checkbox"/> D (\$ 550) <input type="checkbox"/> E (\$ 300) <input type="checkbox"/> OTHER (\$ 550)		
DATE OF CONFERENCE	FROM	TO	CONFERENCE WEBSITE (IF APPLICABLE)
	<input type="text"/> YEAR <input type="text"/> MONTH <input type="text"/> DAY	<input type="text"/> YEAR <input type="text"/> MONTH <input type="text"/> 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: _____	
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 PROVIDED):

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 ADMINISTRATOR



NAME (PRINT)

DATE

SIGNATURE

Faculty of Medicine

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