Université d'Ottawa | University of Ottawa

RESEARCH TRAVEL GRANT

(PhD OR FAST-TRACK)

REF.

SURNAME	GIVEN NAMES	STUDENT NO.

ACADEMIC UNIT	TELEPHONE NO. / OFFICE	LABORATORY

E-MAIL

STUDENT TERM AT THE TIME OF THE STAY ▷ PH.D. TERMS 3 TO 12 ☐ FAST-TRACK PROGRAM TERMS 2 TO 15 ☐

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 THE USE OF THE FACULTY OF MEDICINE

APPROVAL

NAME OF THE ADMINISTRATOR

DATE

SIGNATURE (ADMINISTRATOR)

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