

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

STUDENT IDENTIFICATION			
SURNAME	GIVEN NAMES	STUDENT NUMBER	
ACADEMIC UNIT / DISCIPLINE		TELEPHONE NUMBER	
THESIS TOPIC			
EMAIL		FIRST TERM OF REGISTRATION IN MASTER'S PROGRAM	
		<input type="checkbox"/> JANUARY <input type="checkbox"/> APRIL <input type="checkbox"/> SEPTEMBER YEAR _____	
PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION <ul style="list-style-type: none"> <input type="checkbox"/> WRITTEN CONFIRMATION THAT YOUR PUBLICATION IS ACCEPTED AT THE CONFERENCE <input type="checkbox"/> CONTRIBUTIONS AND RECOMMENDATIONS OF THE SUPERVISOR WITH SIGNATURES <input type="checkbox"/> 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)
	YEAR MONTH DAY	YEAR MONTH DAY	
HOW IS THE TOPIC OF THE CONFERENCE RELATED TO YOUR THESIS?			
EXPLAIN THE RELEVANCE OF THE CONFERENCE FOR YOUR RESEARCH			
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 <input type="checkbox"/> 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 THESIS SUPERVISOR?

\$ _____



OPERATIONS BUDGET

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)

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

EMAIL

_____ DATE

_____ SIGNATURE (THESIS SUPERVISOR)

FOR USE OF THE FACULTY OF HEALTH SCIENCES

APPROVED REJECTED

REFERENCE

APPROVAL OF THE ASSOCIATE DEAN



_____ NAME (PRINT)

_____ DATE

_____ SIGNATURE

Faculty of Health Sciences

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