



Graduate Student Travel Grant APPLICATION

FOR ADMINISTRATIVE USE ONLY

DATE RECEIVED

IDENTIFICATION	
APPLICANT SURNAME:	APPLICANT GIVEN NAME:
STUDENT ID#:	DEPARTMENT:
PROGRAM:	FACULTY SUPERVISOR:
YEAR OF STUDY (INDICATE PROGRAM YEAR): <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> 1ST MASTERS <input type="checkbox"/> </div> <div style="text-align: center;"> <input type="checkbox"/> 2ND DOCTORAL <input type="checkbox"/> </div> <div style="text-align: center;"> <input type="checkbox"/> 3RD </div> <div style="text-align: center;"> <input type="checkbox"/> 4TH </div> </div>	
CONTACT INFORMATION	
TELEPHONE:	E-MAIL ADDRESS:
MAILING ADDRESS:	
CONFERENCE INFORMATION	
ROLE AT CONFERENCE: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> PAPER PRESENTER </div> <div style="text-align: center;"> <input type="checkbox"/> POSTER PRESENTER </div> <div style="text-align: center;"> <input type="checkbox"/> INVITED LECTURER/SPEAKER </div> </div>	
TITLE OF PAPER/PRESENTATION:	
LOCATION OF THE CONFERENCE:	DATE (S) OF THE CONFERENCE:

NAME OF THE CONFERENCE:

NAME OF THE SPONSORING ORGANIZATION/ASSOCIATION:

WILL YOU BE A REGISTERED UBCO STUDENT AT THE TIME OF THE CONFERENCE?

YES NO

IS THE PAPER/POSTER BASED ON YOUR CURRENT PROGRAM'S RESEARCH?

YES NO

NAME(S) OF AUTHORS:

SUMMARY INFORMATION

In the space below, please provide an abstract of the research to be presented. A copy of the paper to be presented should **NOT** be attached to the application.

Max: 1000 Characters

Please provide a brief statement of how the travel will be relevant for your career and why the selected conference is an important venue for presenting the research results:

Max: 1000 Characters

TRAVEL DETAILS

Please provide itinerary details including transportation, accommodations and conference registration.

Max: 1000 Characters

BUDGET(Please fully complete table below)

Total Budget

	ESTIMATED COSTS	SOURCE OF OTHER FUNDS
1. TRAVEL		
2. ACCOMMODATIONS		
3. MEALS/SUBSISTENCE		
4. CONFERENCE REGISTRATION FEES		
5. OTHER (SPECIFY)		
6. TOTAL		

AMOUNT REQUESTED

SIGNATURE SECTION:		
TO BE COMPLETED BY FACULTY SUPERVISOR:		
THE PAPER/POSTER TO BE PRESENTED IS BASED ON THE APPLICANT'S CURRENT RESEARCH AT UBCO		
<p style="text-align: center;"> YES <input type="checkbox"/> No <input type="checkbox"/> </p>		
PLEASE READ AND SIGN: I certify that I have read this travel grant application, including the budget, that this applicant is my student and is a graduate student at UBCO in good standing and that all information in this application is accurate to the best of my knowledge, the budget is realistic, and this student is likely to attend and give this presentation at this conference.		
NAME:	SIGNATURE:	DATE:
TO BE COMPLETED BY APPLICANT:		
PLEASE READ AND SIGN: I verify that all the information contained within this application is true and complete, to the best of my knowledge. I also confirm that funding to attend this conference/event is not readily available from other research grants.		
I certify that I have read and agree to the current rules and directions for the Travel Grant program. I further grant permission to the Travel Grant Committee and the Graduate School to verify my status as a graduate student in good standing at UBC Okanagan and my eligibility for the Travel Grant Competition.		
APPLICANT		
NAME:	SIGNATURE:	DATE:

Once application is completed and signed, please submit to the Dean's Office, 4th floor, ASC 413

Approved
Associate Dean

Denied
Associate Dean