



Undergraduate 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) <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> 4 TH	
CONTACT INFORMATION	
TELEPHONE:	E-MAIL ADDRESS:
MAILING ADDRESS:	
CONFERENCE INFORMATION	
ROLE AT CONFERENCE: <input type="checkbox"/> PAPER PRESENTER <input type="checkbox"/> POSTER PRESENTER <input type="checkbox"/> INVITED LECTURER/SPEAKER	
TITLE OF PAPER/PRESENTATION:	
LOCATION OF THE CONFERENCE:	DATE (S) OF THE CONFERENCE:

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 an undergraduate 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 UG Travel Grant program. I further grant permission to the Dean's Office to verify my status as an undergraduate 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
 Attention: Julie Martin*

Approved
 Prof. John Klironomos
 Associate Dean, Research and Faculty

Denied
 Prof. John Klironomos
 Associate Dean, Research and Faculty