

**APPLICATION FOR A CONFERENCE TRAVEL GRANT**  
**PHD AND FAST-TRACK STUDENTS**

STUDENT IDENTIFICATION					
SURNAME		GIVEN NAMES		STUDENT NUMBER	
ACADEMIC UNIT / DISCIPLINE				TELEPHONE NUMBER	
THESIS TOPIC					COTUTELLE YES NO
EMAIL		FIRST TERM OF REGISTRATION IN PH.D. PROGRAM		YEAR	PROGRAM
		JANUARY MAY SEPTEMBER			PH.D. FAST-TRACK
PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION <ul style="list-style-type: none"> <li>WRITTEN CONFIRMATION THAT YOUR PUBLICATION IS ACCEPTED AT THE CONFERENCE</li> <li>CONTRIBUTIONS AND RECOMMENDATIONS OF THE ACADEMIC UNIT AND / OR THE SUPERVISOR WITH SIGNATURES</li> <li>ABSTRACT OF YOUR PRESENTATION WITH OFFICIAL AUTHORS LIST</li> </ul>					
NAME OF CONFERENCE					
LOCATION OF CONFERENCE		CITY	PROVINCE/STATE	COUNTRY	
GEOGRAPHICAL ZONE (PLEASE REFER TO MAP)		A (\$ 650)	B (\$ 750)	C (\$ 425)	D (\$ 550)
		E (\$ 300)	OTHER (\$ 800)		
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?					
<hr/> <hr/> <hr/>					
EXPLAIN THE RELEVANCE OF THE CONFERENCE FOR YOUR RESEARCH					
<hr/> <hr/> <hr/>					
TITLE OF YOUR PRESENTATION				POSTER 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? YES NO					
IF YES, PLEASE SPECIFY APTPUO CUPE GSAED HOME FACULTY OTHER: _____					
NUMBER OF TRAVEL GRANTS OBTAINED FROM THE FGPS?		DATES AND AMOUNTS:			
		YEAR MONTH DAY	\$	YEAR MONTH DAY	\$
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 PROVIDER):

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

\_\_\_\_\_  
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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

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\_\_\_\_\_  
\_\_\_\_\_

APPROVAL OF THE ASSOCIATE DEAN



NAME (PRINT)

DATE

SIGNATURE

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