

GRASP travel allowance for students / post-docs

Application form

Section I – Candidate identification

Last name

First name

Telephone

Email

Mailing address

Section II – University information

Student ID

Department

Master

Ph.D.

Post-doc

Supervisor

Telephone

Email

Number of graduate students / post-doc

Co-supervisor

Tel office

Email

GRASP travel allowance for students / post-docs

Application form

Section III – Congress information

Name of the congress

City, State/Province, Country

Website

Congress date from to Month Year

Presence at the congress from to

Presentation Oral Poster

Scientific program of the meeting available? Yes No

If yes, indicate 4 talks relevant to your field of research

1. Author
Title

2. Author
Title

3. Author
Title

4. Author
Title

GRASP travel allowance for students / post-docs

Application form

2. Revenues

Total for revenues ***CAN\$***

3. Estimated deficit

Total for expenses – Total for revenues = ***CAN\$***

I hereby certify that the information given in this application are correct and the estimated costs related to the congress are realistic and reasonable.

Applicant signature

Date

I approve this application for a travel allowance and certify the relevance of this congress to the study and research program of the applicant. I undertake to pay the remaining costs for the student's participation at the congress.

Supervisor signature

Date