FHS Graduate Student Conference Travel Award Application

Prior to completing this application, please review the application instructions for the Graduate Student Conference Travel Award http://www.uwo.ca/fhs/policies/travel.html

APPLICANT INFORMATI	ON	nttp://wv	w.dwo.ca/m3/ponoic	23/traver.htm			
Surname:		Firs	First Name:			@uwo.ca	
Student #: Expected Gr			aduation Date (mm/yy):		# of terms in current program:		
Graduate Program:							
CONFERENCE DETAILS	;						
Conference Name:							
City: Prov/State:				Country/Region:			
Start of Conference: End			d of Conference:	of Conference:			
PRESENTATION DETAIL Presentation Title:	-S Please atta	ch a copy of the pres	entation abstract and a	copy of the acceptant	ce for presentation.		
Presentation Type:				Paper	officially accepted:		
Describe any other formal	role you will	undertake at the co	onference (e.g., form	al discussant; sessi	ion chair):		
BUDGET (please be sure to associated with this conferen	ce travel)	-	uwo.ca/univsec/p	avel & Expenses Rein odf/policies procedu			
Conference Registration:	<u>\$</u>	CAN	Notes: 1. Meals and loca	al travel are ineligible e	expenses		
Travel:	\$ CAN 2. The funds awarded to ar on the number of eligible				m these amounts depending		
Accommodations:	<u>\$</u>	CAN	Successful applicants will receive a confirmation memo within three weeks of the application deadline. This memo will include detailed instructions on the process to				
Total Eligible Expenses:	<u>\$</u>	CAN	receive reimbursement.				
application	full-time stu	dent in a Faculty (of Health Sciences the current term, I u			ome null and void	
I am presenting at a conference that: is relevant to my academic area has a peer review acceptance for the abstract selection.			submission process	** If I am unable to travel to present at this conference understand that I must notify the Graduate Program mission process Office and withdraw my application		raduate Program	
term (March 15 th Appendix 1:	submit butto gned/dated), ywinter; July Copy of the	n on the fillable for	wing appendices, to ember 15 th /fall): ation abstract	my Graduate Progra	am Office by the c	leadline for the current	
	poses . Expe	nses reflect due re				o other organizations leducted. Exceptions to	
Claimant's Name:		_	ignature:		Date		

Name:

Date: