



***Catherine Mary Bowie
Travelling Award***

Application Form

Please print

Date: _____

Name: _____

Student Number: _____

Department: _____

Program: _____

Temporary address and phone #:

Permanent address and phone #:

Person to be contacted in case of Emergency:

Name _____

Address _____

Phone # _____

University at which applicant will spend 3rd year abroad:

Proposed program of study: _____

Signature of Applicant: _____

Please return completed form to the Department Chair before the last day of classes.