

**Catherine Mary Bowie**  
**Travelling Award****Application Form***Please print***Date:** \_\_\_\_\_**Name:** \_\_\_\_\_**Student Number:** \_\_\_\_\_**Department:** \_\_\_\_\_**Program:** \_\_\_\_\_**Home Faculty:** \_\_\_\_\_**Temporary address and phone #:**

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**Permanent address and phone #:**

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**Person to be contacted in case of Emergency:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Host university (i.e. the university at which the applicant will be on exchange):**

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Term(s):  Summer 2020     Fall/Winter 2020-21     Other (specify) \_\_\_\_\_

Proposed program of study: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_*Please return completed form to the Department Chair before the last day of classes.*