

Civil Graduate Academic Unit (GAU) | SGS TRAVEL AWARDS

Jan 1 - Jun 30:

Application due last two weeks of Nov

APPLICATION FORM

(limit of one per student)

Jul 1 - Dec 31:

Application due last two weeks of May

Section A

NAME			
EMAIL ADDRESS FOR REPLY			
THESIS TITLE OR TOPIC			
DEPARTURE DATE		RETURN DATE	
PURPOSE OF TRAVEL			
NAME OF CONFERENCE			
TITLE OF PRESENTATION			

ESTIMATE OF:

ALL OTHER FUNDING OBTAINED/APPLIED FOR:

Transportation	\$	<input type="text"/>
Accommodation	\$	<input type="text"/>
Registration	\$	<input type="text"/>
Other	\$	<input type="text"/>

Graduate Academic Unit	\$	<input type="text"/>
Departmental Society	\$	<input type="text"/>
Other	\$	<input type="text"/>
Other	\$	<input type="text"/>

PLEASE NOTE: All travel grants must be validated by completing an SGS Student Expense Report form and returning it to the School of Graduate Studies within one month of completion of travel. This Expense Report will include original or a copy of the original receipts for expenses incurred, copy of conference program showing presentation by student or, where grant is for research travel, receipts for travel and accommodation. Also included should be a disclosure of any and all other funding provided to the student to attend this conference.

I acknowledge that any travel grant monies received will be expended only for my personal travel expense and I will not submit my receipts to any other sources for reimbursement of the amount of grant received.

STUDENT
JUSTIFICATION |
COMMENTS

Section B

STUDENT'S SIGNATURE: _____

DATE

After completion of Section A, students are requested to pass this form to their supervisor for comments to be completed in Section B. The supervisor will forward the form to the Director of Graduate Studies for consideration. The Director will then forward the winner name/s to the School of Graduate Studies.

SUPERVISOR'S COMMENTS ON PROPOSED TRAVEL IN THE CONTEXT OF THE STUDENT'S RESEARCH:

(Please indicate if your student will be receiving monies from other sources to attend this conference)

SUPERVISOR'S SIGNATURE: _____

DATE

COMMENTS - DIRECTOR OF GRADUATE STUDIES

DIRECTOR'S SIGNATURE: _____

DATE

Section C (Completed by the Graduate Committee)

APPLICATION ACCEPTED



Maximum Amount Authorized

\$

APPLICATION REJECTED

Committee's Comments

DATE: _____

APPROVED: _____

Committee Chair Signature