

BN Student Professional Development Funding Application

Name:		Email:	
Event name:			
Location (City/Province) :		Role (presenter, participant) :	
Registration Deadline :			
Event Date (start/end if available):			
		Estimated Expenses (\$)	
Transportation		Airfare _____ Rental _____ Mileage _____ Taxi _____ Other _____	
Meals			
Accommodations			
Registration			
TOTAL			

Please check to indicate:

- I am registered as an undergraduate nursing student.
- If applicable, I have included a copy of acceptance for the professional development event listing my name and role.
- I have attached a letter outlining how attending this event will aid my professional development.
- I have previously received funds from the Department of Nursing and Health Sciences. Amount: _____ Date: _____
- I have received other sources of funding for this event. Amount: _____
- I have **not** previously received funds from the Department of Nursing and Health Sciences for professional development.

Students are expected to provide all original, itemized, and dated receipts. All claimed expenses must comply with the UNB Travel Policy.

Student Signature:	Date:
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Completed by the Department Chair, Nursing and Health Sciences

Amount funded:	Date:
Approval signature:	

Adapted from the Faculty of Nursing, UNB Fredericton and Moncton
Revised October 2018