



Graduate Student Travel Grant: Workshop

APPLICATION

The application deadline is October 25

Please note: This grant is for graduate students enrolled in graduate programs in the IK Barber Faculty of Arts & Social Sciences

IDENTIFICATION	
APPLICANT SURNAME:	APPLICANT GIVEN NAME:
STUDENT ID#:	DEPARTMENT:
PROGRAM:	FACULTY SUPERVISOR:
YEAR OF STUDY (INDICATE PROGRAM YEAR):	
PROGRAM:	YEAR OF STUDY:
CONTACT INFORMATION	
TELEPHONE:	E-MAIL ADDRESS:
MAILING ADDRESS:	
WORKSHOP INFORMATION	
NAME OF THE WORKSHOP:	
NAME OF THE SPONSORING ORGANIZATION/ASSOCIATION:	
LOCATION OF THE WORKSHOP:	DATE (s) OF THE WORKSHOP:
WILL YOU BE A REGISTERED UBCO STUDENT AT THE TIME OF THE WORKSHOP?	
YES	NO

SUMMARY INFORMATION

In the space below, please answer the following question:

Why is the selected workshop important for the development of the research program?

Max: 1000 Characters

TRAVEL DETAILS

Please provide itinerary details including transportation, accommodations and workshop registration.

Max: 1000 Characters

BUDGET(Please fully complete table below)

Total Budget

	ESTIMATED COSTS	SOURCE OF OTHER FUNDS
1. TRAVEL		
2. ACCOMMODATIONS		
3. MEALS/SUBSISTENCE		
4. CONFERENCE REGISTRATION FEES		
5. OTHER (SPECIFY)		
6. TOTAL		
AMOUNT REQUESTED		

SIGNATURE SECTION:		
TO BE COMPLETED BY FACULTY SUPERVISOR:		
LETTER OF SUPPORT ATTACHED:		
YES	NO	
PLEASE READ AND SIGN:		
I certify that I have read this travel grant application, including the budget, that this applicant is my student and is a graduate student at UBCO in good standing and that all information in this application is accurate to the best of my knowledge, the budget is realistic.		
NAME:	SIGNATURE:	DATE:
TO BE COMPLETED BY APPLICANT:		
PLEASE READ AND SIGN:		
I verify that all the information contained within this application is true and complete, to the best of my knowledge. I also confirm that funding to attend this workshop is not readily available from other research grants.		
I certify that I have read and agree to the current rules and directions for the Travel Grant program. I further grant permission to the Travel Grant Committee and the Graduate School to verify my status as a graduate student in good standing at UBC Okanagan and my eligibility for the Travel Grant Competition.		
APPLICANT		
NAME:	SIGNATURE:	DATE:

Once application is completed and signed, please submit email to Colin McKay colin.mckay@ubc.ca

FOR INTERNAL USE ONLY:	
DATE RECEIVED:	
TO BE COMPLETED BY ASSOCIATE DEAN:	
REQUEST APPROVED:	
REQUEST DENIED:	ASSOCIATE DEAN SIGNATURE:
RATIONALE/ADDITIONAL COMMENTS:	