

**DEPARTMENT OF BIOLOGICAL SCIENCES
REQUEST FOR TRAVEL SUPPORT**

**Available once in a graduate program; Within 3 yrs of MSc or 5 yrs of PhD to
students registered full-time**

Name _____ Date: _____

Program : Ph.D _____ M.Sc. _____ Date Program Started: _____

Currently Registered: Full Time _____ Part Time _____ Supervisor: _____

Conference Attending: _____

Conference Dates: _____

Conference Location: _____

I will be: Presenting an Oral Paper _____ Presenting a Poster _____

Estimated Cost:	Transportation	\$ _____
	Lodging	\$ _____
	Registration	\$ _____
	TOTAL	\$ _____

\$ _____ will be paid by _____ (supervisor, agency, self, other)

I have _____ have not _____ requested Travel Funds from Biological Sciences.

Amount requested from Department of Biological Sciences is \$ _____ (\$300 maximum)

Signature of Applicant: _____

(Please submit to the Associate Chair (Graduate Studies), Department of Biological Sciences (CW 405) at least 3 weeks prior to departure and note that 2 weeks are required to obtain a Travel Advance if one is required.)

REPLY TO APPLICANT