FACULTY TRAVEL GRANT APPLICATION FORM

CHINA INSTITUTE, UNIVERSITY OF ALBERTA





APPLICANT INFORMATION

Last Name			First Name			
Campus ID	Faculty and Departmen	t		Position		
Address, City, Province and Postal Code						
·						
Phone		Email				
TRAVEL INFORMATION						
Purpose of Travel: Research Conference Collaboration Other, please specify						
Travel Destination(s)		Dates of Intended Travel				
Amount of Funds Requesting (up to \$2,000)						
Project/Conference Description (Describe the purpose of the visit, expected outcomes and proposed budget summary)						

Project/Conference Description [additional space]							
SUPPORTING STATEMENT OR DOCUMENTS							
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Supporting Statement from Department Chair or Attach Invitation Letter from Collaborator/Conference Organizer							
Signature of Department Chair (if providing statement)	Printed Name	Date					
APPLICANT SIGNATURE							
Signature of Applicant	Printed Name	Date					

Application and required documents can be emailed to china@ualberta.ca, or submit to the China Institute office at Telus Centre Office 203, University of Alberta.