

Graduate Student Request for Travel Assistance Form

Student Information									
MUN #:	Last Name:			First Name:			Initial:		
Academic Unit:				Degre	e:				
Email: Tel. no.:									
Conference Information									
Name of Conference:					:				
Place:									
Have you been accepted to present a paper/poster?							Yes		No
If yes, please attach title, abstract, and verification of acceptance.									
Foreign Travel									
If traveling abroad, I have read the Memorial safety and security procedures (see							Yes		No
Graduate Student Travel Policy for details).									
Estimated Travel Expenses									
Transportation	on \$		Registrations	\$		eals	\$		
Taxis	\$		Lodging	\$	Ot	her	\$		
			Total Expenses	\$					
Receipts are required for all expenses with the exception of meals. Travel claims are to be submitted within 10 days of									
conference end date.									
Signatures									
Student Signature Date			Date	Head's Signature (Absence from Campus)					
Funding									
Date	Prior Funding*	Amount		FOAPAL		Approval of Funds			
	Yes No					Supervisor			
	Yes No					Depar	rtment head		
	Yes No					Dean/	/Director (or E	Delegate)	
Yes No						Dean of Graduate Studies			
	Yes No					Graduate Students' Union			
	Yes No					TAUN			

Administrators please note: The signature of the Department Head is required before the travel is undertaken to indicate approval of absence from campus. In addition, the appropriate signatures are required for all funding sources to certify that funds are available.

Original: with Travel Advance Form or Travel Claim Copy: Department Copy: Student

Memorial University protects your privacy and maintains the confidentiality of personal information. The information requested in this form is collected under the general authority of the Memorial University Act (RSNL1990CHAPTERM-7). It is required for administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information please contact the School of Graduate Studies at 709.864.2445 or sqs@mun.ca.

^{*}If yes, please indicate the number of times.