

***Application for a Barrowman Graduate Travel Award in the
Division of Population Health & Applied Health Sciences***

Student: _____ Supervisor: _____

Program: _____ Date student entered program: _____

Name, date and location of conference: _____

Are you presenting at this conference? _____ Oral: _____ Poster: _____

Is your supervisor contributing towards your cost? _____

If so, how much? _____

Title, authors and abstract (100 words) of your conference presentation.

[Please attach a page]

Attach a list of publications arising from your current research program.

Graduate Course

Grade

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Applicant's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

FOR INTERNAL USE:

Approved: Yes / No

Signature of Associate Dean of Population Health & Applied Health Services (PHAHS):

Signature of Associate Dean of Research & Graduate Studies (Medicine):
