

SCHOOL OF GRADUATE STUDIES

Graduate Student Request for Travel Assistance Form

Adobe Reader, minimum version 8, is required to complete this form. Download the latest version at http://get.adobe.com/reader. (1) Save the form by clicking on the diskette icon on the upper left side of the screen; (2) Ensure that you are saving the file in PDF format; (3) Specify where you would like to save the file, e.g. Desktop; (4) Review the How to create and insert a digital signature webpage for step by step instructions; (5) Fill in the required data and save the file; (6) Send the completed form by email to: sgs@mun.ca.

Student Information							
MUN #:	Last Name:			First Name:		Initial:	
Academic Unit:				Degre	e:		
Email: Tel. no.:							
Conference Information							
Name of Conference:				Dates	:		
Place:							
Have you been accepted to present a paper/poster?						Yes	Νο
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							
Transportatio	on \$		Registrations	\$		eals \$	
Taxis	\$		Lodging	\$	0	ther \$	
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				Medicine Vice Dean (RGS) Signature (Absence from Campus)			
Funding							
Date	Prior Funding* Amount		FOAPAL		Approval of Funds		
	Yes No				Supervisor		
	Yes No					Paul Tucker, COO (MED))
	Yes No					Amy Carroll, RGS (MED)
	Yes No					Dean of Graduate Studi	es
	Yes No					Graduate Students' Uni	on
	Yes No					TAUMUN	

*If yes, please indicate the number of times.

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 (<u>RSNL1990CHAPTERM-7</u>). 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 <u>sqs@mun.ca</u>.