

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) Fill in the required data, save and print the file; (5) Send the completed form to School of Graduate Studies; Memorial University of Newfoundland; IIC-2012 (Bruneau Centre for Research and Innovation); St. John's, NL A1C 5S7 Canada Fax: 709.864.4702 eMail: sgs@mun.ca

			Student I	nformation					
MUN #:	Last Nar	ne:		First Name	First Name:			Initial:	
Academic Unit:				Degree:					
eMail:			Tel. no.:						
Conference Information									
Name of Confere	Is your research	Is your research fundable under Tri-Council Federal Agencies?							
				If so, please select the appropriate organization:					
				☐ SSHRC	□ NSERC		IHR		
Place:				Dates:					
Have you been a				Yes	No				
If yes, please atta	ch title, abstract,	and verification	n of acceptance	2.					
			Foreig	n Travel					
If traveling abroa	ty procedures (se	e Graduate	Student	Yes	No				
Travel Policy for	details).								
			Estimated T	ravel Expenses					
Transportation	\$	Regis	trations	\$	Meals		\$		
Taxis	\$	Lodgi	ng	\$	Other	\$			
Receipts are requ	•		Expenses sception of me	\$ als. Travel claims	are to be su	ubmitted wi	thin 10 days of	•	
conference end d	ate.		Cian	otuvos.					
			Sign	atures					
Student Signature Date					Head's Signature (Absence from Campus)				
			Fu	nding					
Date	Prior Funding*	Amount		FOAPAL		Approval o	of Funds		
	Yes No								
	165 110					Supervisor			
	Yes No					Department	head		
	Yes No			Dean/Directo			or (or Delegate)		
	Yes No				Dean of Graduate Studies				
	Yes No					Graduate Stu	udents' Union		
	Yes No					TAUMUN			

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 Manager – Enrolment and Strategic Initiatives, School of Graduate Studies, at 709.864.2445 or at sqs@mun.ca.

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