### Application for a Conference Travel Grant
**Master's with Thesis Students**

<table>
<thead>
<tr>
<th><strong>Student Identification</strong></th>
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<tbody>
<tr>
<td><strong>Surname</strong></td>
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<tr>
<td>ACADEMIC UNIT / DISCIPLINE</td>
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<tr>
<td>THESIS TOPIC</td>
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<td><strong>Email</strong></td>
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**Please submit the following documents with your application:**
- [ ] Written confirmation that your publication is accepted at the conference
- [ ] Contributions and recommendations of the academic unit and / or the supervisor with signatures
- [ ] Abstract of your presentation with official authors list

**Name of Conference**

**Location of Conference**
- CITY
- PROVINCE/STATE
- COUNTRY

**Geographical Zone**
- [ ] A ($750)
- [ ] B ($300)
- [ ] C ($450)
- [ ] D ($600)
- [ ] OTHER ($750)

**Date of Conference**
- FROM | TO |

**How is the topic of the conference related to your thesis?**

**Explain the relevance of the conference for your research**

**Title of your presentation**
- [ ] Poster
- [ ] Verbal Presentation

**Name of the first author of the publication**

**Co-author(s)**

**Have you requested financial assistance from another organization for this same conference?**
- [ ] Yes
- [ ] No

**If yes, please specify**
- [ ] APTPUO
- [ ] CUPE
- [ ] GSAED
- [ ] HOME/FACULTY
- [ ] OTHER: ______________________

I confirm that I read the rules of the program and that the information provided in this application is complete and accurate.

**Date** | **Signature (Grant Requester)**

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*Faculty of Arts*
THESIS SUPERVISOR’S RECOMMENDATION

IS THE STUDENT’S THESIS TOPIC INDICATED ON PAGE 1 EXACT?  ☐ YES  ☐ NO

IS THE PUBLICATION TOPIC DIRECTLY RELATED TO THE THESIS?  ☐ YES  ☐ NO

PLEASE EXPLAIN THE RELEVANCE OF PARTICIPATING INTO THIS CONFERENCE AT THIS STAGE OF THE CANDIDATE’S RESEARCH PROGRAM

NAME (PRINT)  I CONFIRM THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND ACCURATE.

EMAIL

DATE  SIGNATURE (THESIS SUPERVISOR)

FOR ADMINISTRATIVE USE ONLY

☐ APPROVED  ☐ REJECTED

REFERENCE

APPROVAL OF THE ASSOCIATE DEAN

NAME (PRINT)  DATE  SIGNATURE