Université d'Ottawa | University of Ottawa

RESEARCH TRAVEL GRANT

(MASTER'S WITH THESIS)

REF.

SURNAME	GIVEN NAMES	STUDENT NO.

ACADEMIC UNIT	TELEPHONE NO.	OFFICE	LABORATORY

E-MAIL

STUDENT SESSION AT THE TIME OF THE STAY | MASTER'S SESSIONS 2 TO 6

LOCATION OF THE STAY | CITY | COUNTRY

DATE OF THE STAY | FROM | TO

YEAR	MONTH	DAY	YEAR	MONTH	DAY

EXPLAIN BRIEFLY THE RELEVANCE OF THIS STAY.

DATE

SIGNATURE (REQUESTER)

RECOMMENDATION (ACADEMIC UNIT)

RECOMMENDATION (INCLUDING JUSTIFICATION OF THE RELEVANCE OF THE REQUEST AT THIS STAGE OF RESEARCH PROGRAM OF THE CANDIDATE)

NAME (PLEASE PRINT)

E-MAIL

DATE

SIGNATURE (RESEARCH SUPERVISOR)

FOR ADMINISTRATIVE USE ONLY

APPROVAL

NAME OF THE ASSOCIATE DEAN

DATE

SIGNATURE (ASSOCIATE DEAN)

2018/05

Faculty of Arts

uOttawa