

**RESEARCH TRAVEL GRANT**  
(PhD OR FAST-TRACK)

		REF.	
SURNAME		GIVEN NAMES	
		STUDENT NO.	
ACADEMIC UNIT		TELEPHONE NO.	OFFICE
		LABORATORY	
E-MAIL			
STUDENT SESSION AT THE TIME OF THE STAY		PH.D. SESSIONS 3 TO 12	FAST-TRACK PROGRAM SESSIONS 2 TO 15

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)