

## Faculty of Education Graduate Student Travel Fund Application

Today's Date (DDMMYYYY)

This form is to be used to apply for financial assistance to support Faculty of Education graduate students wishing to present at conferences or other scholarly meetings. Priority is given to full-time Faculty of Education graduate students presenting at a conference, workshop or symposium which would significantly advance work on the student's Thesis or Project.

Students should submit the completed form to the Office of Graduate Studies and Research in Education. In addition, attach the following:

- A brief explanation of the proposed activity and a rationale describing how attendance at the conference/workshop will contribute to your graduate program
- Confirmation of acceptance to present at the conference/workshop, if applicable.

### Student and Program information:

Surname:	Given Name(s):
Title of Thesis/Project:	
<input type="checkbox"/> <b>Master of Education.</b> <input type="checkbox"/> M.Ed. Thesis <input type="checkbox"/> M.Ed. Project Major: <input type="checkbox"/> Counselling Psychology <input type="checkbox"/> Educational Leadership <input type="checkbox"/> General – Cohort:	
<input type="checkbox"/> <b>Master of Counselling</b> <input type="checkbox"/> M.C. Project	
<input type="checkbox"/> <b>Doctor of Philosophy (Education)</b>	

### Conference/Workshop Information:

Have you previously received funding from the Faculty of Education Graduate Student Travel Fund? <input type="checkbox"/> No <input type="checkbox"/> Yes – Amount:	
Do you have access to other funding for this trip? <input type="checkbox"/> No <input type="checkbox"/> Yes – Amount:	
Location and dates of conference/workshop you wish to attend:	
Are you a presenter/co-presenter?	Name of co-presenter:
<b>Estimated Expenses</b> (refer to <a href="#">Travel and Business Expense Policy</a> for approved rates)	Amount
Registration Fee:	
Travel:	
Accommodation:	
Meals:	
Other:	
<b>Total Amount</b>	
<b>Amount Requested</b>	

Student Signature: \_\_\_\_\_ Thesis/Project Supervisor Signature: \_\_\_\_\_

### For office use only:

Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Amount Approved: _____	
Associate Dean, Graduate Studies and Research in Education: _____	Date: _____
Dean, Faculty of Education: _____	Date: _____

The personal information on this form is collected pursuant to the *Post-secondary Learning Act* and the *Freedom of Information and Protection of Privacy Act* to process and release documents required for student awards and financial support applications. For questions on the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at 4401 University Drive, Lethbridge, AB T1K 3M4; [foip@uleth.ca](mailto:foip@uleth.ca); 403-332-4620.