## **Faculty of Arts & Science Undergraduate Travel Award Application**



NAME:	U of L ID #:
Address:	
City:	Province:
Postal Code:	Phone #:
<ul> <li>Purpose of travel</li> <li>Location and dates of</li> <li>Estimated costs</li> <li>Other sources of supp</li> <li>How does this fit into</li> <li>Why do you want to a</li> </ul>	oort your academic studies? ttend the event? range for a letter of support from a faculty member; this may be
true in all aspects. I also auth	gree that all information given on this application is complete and orize the Office of the Dean of Arts & Science to access transcripts etermine my eligibility for the award.
Signature:	Date:
the Post-secondary Learning (FOIP) for the purpose of det Undergraduate Travel Award and must be provided by all s Information on this applicati accordance with privacy legical	onal information on this form is collected under the authority of Act and the Freedom of Information and Protection of Privacy Act termining candidates for the Faculty of Arts & Science ds. SINs are collected as a Canada Revenue Agency requirement students, except Visa students, prior to the release of the award. on is considered confidential and will be used and disclosed in slation. For questions on the collection, use and disclosure of this he University's FOIP Coordinator at 4401 University Drive W., 3-332-4620; foip@uleth.ca.
	For office use only
Date received:	
GPA:	
Degree program checked: _	
Awarded:	