

FSW Travel Assistantship Application

First name:

Last name:

Laurier email:

Laurier ID:

Program/level:

Application cycle: Fall Winter Spring

Name of paper or poster:

Conference Details

Conference name:

City:

Province/state and country:

Conference dates (mm/dd/yyyy):

Travel dates (mm/dd/yyyy):

Have you submitted a paper to present? Yes No

Was your paper accepted? Yes No

Have you previously received funding from the department or faculty to present a poster/paper at a conference?

Yes If yes, in which tem(s) and year(s):

No

Expected Travel Expenses

Registration:

Transportation: Air Rail Taxi

Mileage (\$0.44/km):

Meals (receipts required):

Accommodations:

Total:

Student Attestation

I confirm that I have read the funding guidelines and, if granted funds, will follow the university expense submission guidelines. I understand that per diem rates will not be accepted and **receipts must be submitted for meals.**

Notice of Collection of Private Information

Wilfrid Laurier University collects personal information under the authority of the Wilfrid Laurier University Act. Personal information collected by any part of the University may be used by other units in order to execute the various functions of the University and to administer the various relations between the University and its students, alumni, employees, clients, suppliers, partners, and others. Visit our privacy coordinator's web-page at www.wlu.ca (under "Resources") for more examples of potential uses of your personal information. Questions may be directed to the coordinator at privacy@wlu.ca or 519.884.0710, x3637.

Student's signature:

Date:

Program Attestation and Signatures

I confirm that this conference is related to the program of study/research being undertaken.

Conference presentations: I confirm the conference is national/international in scope and is sponsored by an established, professional association.

A copy of your letter of acceptance to present at the conference is required.

Supervisor

Name:

Signature:

Financial contribution:

PhD Associate Dean

Name:

Signature:

Financial contribution:

Total contribution (supervisor + PhD associate dean):

For office use only

Date received:

Amount granted:

Date student notified: