

APPLICATION FORM

Dr. Arnold By Travel Fellowship

Section A: To be completed by the student

NAME: _____ STUDENT NUMBER: _____
EMPLOYEE ID NUMBER (see recent pay advice): _____
RESEARCH SUPERVISOR: _____
PAYMENT: Directly to the student Deposit to supervisor's speedchart: _____
CONFERENCE: _____
LOCATION: _____
DATES: _____
TITLE OF PAPER TO BE
PRESENTED†: _____

(†A one-page abstract of the submission must be attached to this application.)

Degree programme:	M.Sc.			Ph.D.		
Year of programme	1	2	3	4	5	>5
Confirmation that my submission has been accepted is	attached			forthcoming		
I have previously presented work at a conference or symposium	yes			no		
I am applying for support from other University-administered funds	yes			no		
I have previously applied for support from this fund	yes			no		

I understand that the available support is limited, and that not all applicants may be funded.

STUDENT'S SIGNATURE: _____ Date: _____

Section B: To be completed by the student's supervisor

I support this application for conference assistance. The student named above will be making the conference presentation.

SUPERVISOR'S SIGNATURE: _____ Date: _____

Section C: Approval

Graduate Advisor/Head's Signature _____ Date: _____

Please return completed application forms to Graduate Program Assistant (Sheri Harbour)