

FACULTY OF HEALTH
Graduate Student Short Course and Workshop Funds
Application Form

APPLICANT INFORMATION
Name:
Student number:
Email address:
Phone number:
Graduate program and year of study:
Name of supervisor:
Title of thesis:
COURSE DETAILS
Title of course or workshop:
Organization or group offering the course:
Course location:
Course dates:
BRIEF description of how the course is relevant to your research:

ANTICIPATED EXPENSES *supporting documentation must be attached for each category you include
Registration fees:
Return transportation:
Accommodation:
If you have applied for or received any other funding for this course, please describe it here:
TOTAL REQUESTED FROM THE FACULTY OF HEALTH: \$ (cannot exceed \$1000)

I have read and agree to the Graduate Student Short Course and Workshop Funds guidelines. I verify that all information provided is true and correct to the best of my knowledge. I confirm that all required documentation is included and that I am submitting a complete application. I verify that the specific expenses detailed in this application will not be covered by other funding sources.

APPLICANT Signature: _____ **Date:** _____

I verify that the course or workshop the applicant will attend is directly related to their current graduate research, and I endorse their attendance. I confirm that I will not approve reimbursement of the specific expenses detailed in this application out of my own cost centres.

SUPERVISOR Signature: _____ **Date:** _____

INTERNAL USE ONLY

Date received:	Received by:
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Outcome:	Date:
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