

## Graduate Student Travel

Date:

Department Name:

Student Name:

Student #:

Student U of M email address:

Conference Name:

Date and Location of Conference:

Poster and Oral Presentation (\$350.00):

International Travel (\$500.00):

Have you applied for support from FGS:

Have you applied for support from Graduate Students Association:

RN # and FOAP (optional):

Professor:

Amount Approved by Department:

Department Heads Signature:

**Directions:**

Fill form out electronically

File Save As

Email Department AA's for approval and electronic signature

Once signed and approved please email completed form to [Christa.Kruck@umanitoba.ca](mailto:Christa.Kruck@umanitoba.ca)

**Note: Paper copies will not be accepted**