

Travel Grant Undergraduate Application Form

Deadline dates are June 30 for fall and/or winter travel, and March 15 for summer travel.

Last Name:		First Name: _	_ First Name:						
Student ID:	P	rogram:							
Name(s) of Travel	Grant(s) you wish to be co	onsidered for:							
1		3							
2		4							
Have you ever rece	eived a travel award before	?							
☐ Yes, When?	Wh	ich one(s)?							
□ No									
Where are you goin	ng?								
When will you depart? (year/month/day)									
When will you return? (year/month/day)									
Reason for your travel:									
■ Exchange (considered a registered U of G student)									
☐ Semester Abroad (considered a registered U of G student)									
☐ Letter of Permission (NOT considered a registered U of G student)									
☐ Field Course (pr	rovide number and name: _)						
Other* (specify:)									
program counsello		_	nit supporting documentation from your necessary for you to participate in and will						
	MUST have clearance from	- ,	erviews, focus groups, participant ase email the Research Ethics Coordinator at						
For Office Use O	nly:								
GPA:	Last 2:	Cum:	Class Level:						
	Amt:								

Travel Ad	lviso	ry Int	format	ion:	To l	be comp	oletea	l oni	ly l	by stuc	lents	whose	travel	l d	esti	inati	ion	is	outsi	de	Canad	da
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Funding applications for travel to destinations for which the Department normally be considered. Please refer to the <u>Foreign Affairs website for the Foreign </u>	-
(Check either A or B below – if completing B, all 3 boxes must be checked	ed and signatures obtained)
A. I have checked the Foreign Affairs website and certify that th country and/or region as of this date.	ere are no Travel Warnings for my destination
Student's Signature:	Date:
 B. There is a Travel Warning for my destination and there are extravel there. I have obtained the approval of my advisor and the Dean of memory. Foreign Affairs has issued a Travel Warning. 	
Program Counsellor or Department Chair's Signature:	Date:
College Dean's Signature:	Date:
☐ I have also contacted Lynne Mitchell in the Centre for International Promeeting with her, have signed the appropriate High Risk Waiver, which we Programs.	
Centre for International Programs:	Date:
Additional Information: To be completed by all students Attach a separate page and answer/include the following:	
How is this travel related to your program of study?	
 Provide a detailed listing of your travel expenses (include costs vaccinations, passport fees, etc. but NOT tuition, books, accom 	
Please indicate below:	
■ I have a complete and error-free OSAP application on file for my trave	el study period (Required)
■ I have a complete and error-free student loan from my home province attach proof of funding)	e/territory for my travel study period (Required –
If my travel plans change to something other than what was reported on to Services immediately. I understand that if I receive a travel grant in suppo- application and these plans change, I may be required to return this travel	ort of the travel opportunity listed on this
Student's Signature:	Date:

Completed forms can be dropped off to Student Financial Services in the University Centre, Level 3 or scan and email all forms and other required documents to awards@uoguelph.ca