### THE UNIVERSITY OF BRITISH COLUMBIA

### DEPARTMENT OF POLITICAL SCIENCE

**APPLICATION FOR CONFERENCE TRAVEL FUNDS**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID # or Student #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(The ID shown on your paystub)*

1. Title of meeting, conference, or reason for travel:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Location of meeting or conference:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Role or reason for attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Dates of conference (exclusive of travel time): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Travel Budget:

Total estimated travel costs (airfare, registration, accommodation, per diem, ground transportation): $ \_\_\_\_\_\_\_\_\_\_

(Grant not to exceed $1500)

1. Please list any other sources of funding:
2. Attach:

* An abstract of the paper being presented.
* Evidence of your participation in the conference (e.g., your name on the conference program)
  + If you do not have the conference program yet, please attach either a submission receipt/email that you have submitted to present at a conference or note of proposal acceptance.
  + If you have not yet submitted your proposal, please include the abstract that you plan to submit. Please send us the confirmation of submission and note of acceptance as you receive these.
  + Provision of funding will be conditional on confirmation of participation in the conference. (e.g. your name on the conference program)

1. Supervisor Statements

*1. Please comment briefly on the appropriateness and importance of the student’s participation in this conference at this stage in her/his graduate training. Please indicate whether the work to be presented is at a sufficiently advanced stage for conference presentation. Where the conference is specialized or not widely known, please clarify the likely value of attending this conference for the student’s professional development.*

*2. Please indicate either any funds that you are able to provide to support this student’s conference travel or that you are unable to provide such support for this conference presentation.*

* **For all students who receive funding from the Department, the student’s supervisory committee is expected to organize and attend a session *prior* to the conference at which they listen to a practice presentation and provide feedback.**
* **Application must be received by appropriate deadline.**
* **November 30 deadline: for conferences from March 1 to Sept 30th**
* **April 30 deadline: for conferences from Oct 1 to Feb 28th**
* **Travel arrangements must be booked and travel expenses charged in compliance with UBC Policy #83 - Travel and Related Expenses.**
* **After conference travel, original Receipts must be attached to the Travel Summary form and submitted to the Department Administrative Manager after the conference for reimbursement.**
* **For more information please see Guidelines and Instructions.**

#### Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Statement:**

**Supervisor’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_

**Head’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of reaching candidacy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If not, approval by Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAVEL GRANTS ARE SUBJECT TO AVAILABILITY OF FUNDS.**