

Department of Educational and Counselling Psychology

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ECP Graduate Research Mobility Award – Application Form

Compete all fields and provide all required documentation. Incomplete applications will not be considered.

PERSONAL INFORMATION		
Name (Last / First / MI):		
Student ID #:	Full time Status?	(Yes or No)
Student email address:		
Department:	Program:	
TRAVEL INFORMATION		
Purpose of Travel:		
Destination:		
Travel Dates: From	to	
Are you receiving funds from Stud	lent Exchange and Study Away (SESA): _	
Have you received the Graduate R	esearch Mobility Award in the past?	
REQUIRED CHECKLIST		
	oposal of travel and how it is relative to you e. letter of invite from host institution,/super m, etc.)	
\square 2. Supervisor must sign appli	cation form and provide justification of tra-	vel in area provide below
□ □ 3. An estimated budget (Note:	Expenses must be economical and 'value	for money' based.)
NOTE: Travel must take place l	between September 1, 2013 and March 1	5, 2015.
Proof of participation m	<u>ust</u> be submitted after travel takes place	•
Students cannot apply for	or trainings that they have applied for in	previous years for this award.
Supervisor's Comments:		
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Applicant Signature		Date
Supervisor Name (print)	Supervisor Signature	Date
FOR DEPARTMENT USE ONI	 . <u>Y</u>	
Approved amount:		
Chair Name (print):		
Chair Signature:		