



Electrical and Computer Engineering  
 Graduate Programs Office  
 3480 University Street, Room 602  
 Montreal, Quebec, Canada  
 H3A 0E9

## GREAT Application and Payment Request Form

Submit this completed form along with required documents listed below to the Graduate Programs Office ([gradadministrator.ece@mcgill.ca](mailto:gradadministrator.ece@mcgill.ca)) by the deadlines indicated at [www.mcgill.ca/ece/graduate/fellowshipsandawards](http://www.mcgill.ca/ece/graduate/fellowshipsandawards)

### Student/Awardee

Name:		McGill ID:	
Email:			
Degree Program/Year:		Supervisor:	

### Virtual Conference

Name of Conference:			
Title of paper or poster being presented:			
Paper/presentation is a multi-authored work:		Yes	No
If YES, are you the principal author?		Yes	No
Did you present the paper?		Yes	No
Location of Conference (City, Country):		Dates of Conference:	

### Eligibility Criteria

At the time of application and at the time of presentation, awardees must be registered in a master's thesis (M 1 or M 2) or doctoral (PhD 1 to PhD 5) program at McGill as a full-time or additional session student working full-time on their degree.

At the time of taking up the award, awardees must have presented a paper or poster at the scholarly meeting or conference.

In the case of a multiple-authored paper, the awardee is the presenter.

The supervisor is **not** paying the awardees conference fees.

Complete the student related "Direct Deposit Bank Account" information under the Financial Aid menu on Minerva.

### Checklist (documents to be submitted along with this form)

Confirmation from conference organisers that your paper was selected for presentation.

Receipt for conference registration fees. Amount in CAD \$

I confirm that I meet all eligibility requirements as stated above and that my application/payment request is complete as per the checklist.

Student's signature:	Date:
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I certify that the information given above is true to the best of my knowledge. I confirm that I am not paying the student's conference fees.

Supervisor's signature:	Date:
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<b>DEPT. USE ONLY</b>		Date:
GPD's signature:		
Date Entered on BSAC:	For Payment:	