

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

Date Entered on BSAC:

GREAT Payment Request Form

Submit this competed form along with required documents listed below to the Graduate Programs Office no later than 3 weeks following the scholarly meeting or conference.

Personal Information						
Last name:				First name:		
Email:					McGill ID:	d
Supervisor's name:						
Award Information						
Amount awarded:						
Name of conference/s	scholarly m	neeting:				
Title of paper, presentation or poster being presented:						
Location (city and cou	ıntry):					
Dates of conference/s	scholarly m	eeting:				
	cholarly mee e competition ultiple-autho	eting or con n. ored paper,	ference nam , the awarde	ned in their appli	ication whic	ent and have presented a paper ch must be held in the specified est Form
Proof of participa						
My supervisor is μ	paying my e	xpenses, a	n expense re	port has been s	ubmitted tc	o the Department, OR
My supervisor is r form (Expenses-G					າ supervisor	r is provided. Completed expense
Complete the sturn Minerva.	dent related	ៅ "Direct De	eposit Bank /	Account" inform	iation unde	er the Financial Aid menu on
I confirm that I meet al per the checklist.	ll eligibility	requirem	ents as stat	ed above and t	that my pa	ayment request is complete as
Student's signature:					Da	ate:
Supervisor's signature	e:				Da	ate:
DEPT. USE ONLY GPD's signature:					Da	ate:

For Payment: