

**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 Student Exchange and Study Away (SESA): \_\_\_\_\_

Have you received the Graduate Research Mobility Award in the past? \_\_\_\_\_

**REQUIRED CHECKLIST**

- 1. A 500 word, maximum, proposal of travel and how it is relative to your research program in addition to any supporting documents (i.e. letter of invite from host institution,/supervisor, registration form, website of applicable training program, etc.)
- 2. Supervisor must sign application form and provide justification of travel in area provide below
- 3. An estimated budget (Note: Expenses must be economical and ‘value for money’ based.)

**NOTE: Travel must take place between September 1, 2014 and August 15, 2015.****Proof of participation must be submitted after travel takes place.****Students cannot apply for 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 ONLY**

Approved amount: \_\_\_\_\_

Chair Name (print): \_\_\_\_\_

Chair Signature: \_\_\_\_\_