

## Graduate Mobility Award Application Form 2017-18

Identification						
Family Name		Given name			Title	
E-mail Address					<u> </u>	
Program			Year of Stud	y (e.g. PhD2)		
Date of Last Advisory/Supervisory C	Committee Meeting (Includes any	meeting scheduled prior to t	ravel)			
Indicate the start and end date of yo	our stay abroad (DD/MM/YYYY)					
From	То					
Location of Research Stu	dies Abroad					
Host Institution		Country				
Name of Host Supervisor			-			
Type of Mobility						
<ul> <li>Participation in a bilateral exchange/research partnership</li> <li>Field work abroad</li> <li>O Ther:</li></ul>						
Budget (CAD)						
Travel Expenses	Accommodation Expenses	Living Expenses	Requested Am		ount	
Please indicate any additional sour	ces and amounts of funding for th	is travel, approved or appli	ed for.	I		
Approved Budget (To be	completed by the Acaden	nic Unit and/or Facul	ty)			
Approved Amount (CAD) Initials (GPD or Faculty			or Faculty Associa	ate Dean)		
Checklist of Attachmen	ts					
C Letter of Support from McGill Supervisor CV of the applicant						
Travel Registry Form						
By checking this box, I conf	irm that I have completed the Trav	vel Registry Form for this tri	o before subm	nitting my online	application.	

Student ID



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Student ID

## **Statement of Purpose**

Briefly describe the purpose of the proposed research/study period abroad and how it will complement your McGill program of study

## Signatures

By signing below, the supervisor, Graduate Program Director and Associate Dean confirm they have seen this application including the budget and are nominating this student for the Graduate mobility Award.

Applicant Name (please print)	Date	McGill Supervisor Name (please print)	Date
Signature		Signature	
Graduate Program Director Name (please print)	Date	Faculty Associate Dean Name (please print)	Date
Signature		Signature	