

Last Name: _____
Student ID: _____
Department/School: _____

First Name: _____
Degree Program: _____

Eligibility:

Master's or Doctoral students with at least an "A-" average in the last 2 years, registered in a Political Science program (POLS/CCJP), the Capacity Development and Extension program, or the collaborative International Development Studies program (any department) in class level 1 to 3 at the time of application and who plan to travel to conduct thesis research, attend a conference, or take a course.

Destination:

Travel Dates: From _____ To _____

Reason for Travel:

- ☐ Presenting at a conference – paper accepted ☐ Conducting research ☐ Attending a conference
☐ Presenting at a conference – decision pending ☐ Taking a course

Title of Research:

In the space provided, briefly describe the research or course.

Complete this section only if travel destination is outside Canada.

Funding applications for travel to destinations for which the Department of Foreign Affairs has a Travel Warning will not normally be considered. Check their [website](#) for an up-to-date listing.

Check A or B below. If completing B, all 3 boxes must be checked and all signatures obtained.

- A) ☐ I have checked the Foreign Affairs website and certify that there are no Travel Warnings for my destination country and/ or region as of this date.
- B) ☐ There is a Travel Warning for my destination and there are extenuating circumstances which require me to travel there.
- ☐ I have obtained the approval of my advisor and the Dean of my college to travel to a destination for which Foreign Affairs has issued a Travel Warning.
- ☐ I have also contacted [Lynne Mitchell](#) in the Centre for International Programs and after meeting with her, have signed the appropriate High Risk Waiver, which will remain on file in the Centre for International Programs.

Advisor's Signature: _____ Date: _____

College Dean's Signature: _____ Date: _____

Centre for International Programs: _____ Date: _____

Itemized Budget:

Expense Description	Expense Amount
Total Expenses	

Other sources of funding for this travel:

Student's Signature: _____

Date: _____

To Be Completed By Primary Advisor:

Please note that Advisors have a responsibility to make a significant financial contribution to student travel especially when the travel relates directly to or is required for the student's research.

What are the benefits of this travel to the student's program?

I am able to fund this travel: ☐ Yes ☐ No

Amount: _____

Reason:

Advisor's Signature: _____

Date: _____