 **GRADUATE TRAVEL GRANT**

Submit to the LMP Graduate Office, MSB Rm 6213 (Contact: [lmp.grad@utoronto.ca](mailto:lmp.grad@utoronto.ca) or 416-976-7459)

**Guidelines & Eligibility**

1. For the purpose of giving a poster or platform presentation at a national or international scientific meeting for work done in the LMP graduate program while registered as graduate student at Laboratory Medicine & Pathobiology, University of Toronto. (Written preapproval is required for work related to a current, recognized, collaborative venture.)
2. Presentations and abstracts **must clearly acknowledge the Department of Laboratory Medicine & Pathobiology, University of Toronto,** and relevant hospital or research institution, where applicable.
3. Students travelling outside of Canada must register with **Safety Abroad** prior to departure and submit a completed travel waiver.
4. **ONE** travel grant up to **$400** for eligible travel expenses per student, per academic year: September 1 to August 31. The conference must occur during the application year.
5. Applications can be made up to 30 days after the date of the conference, and no later than August 31st each year. Incomplete or late applications will not be processed.
6. If a student has monies available through a personal scholarship or award **he/she will not be eligible** **for funds** except in special circumstances with preapproval in writing (written request required).

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: | |  | | | | | | Program: |  | MSc |  | PhD |
| Email: |  | | | | | | | Phone: |  | | | |
| Conference Name | | |  | | | | | | | | | |
| Conference Start Date | | | |  | End Date |  | Location (city/country): | |  | | | |

|  |  |
| --- | --- |
| Applicant’s Mailing Address, City, Province, Postal Code: |  |

**Required Supporting Documentation Attached:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Presentation Abstract |  | Official Notification of Acceptance |  | Confirmation of Conference Registration & full agenda |

**List expenses being claimed where no alternate source of funding is provided (up to $400).**

**Requires original itemized receipts identifying the item(s)/service(s) along with proof of payment**

|  |  |  |
| --- | --- | --- |
|  | **Amount** | **Receipts**  **Attached (Y/N)** |
| Conference registration | $ |  |
| Travel (economy air/rail) (requires original boarding pass if claiming) | $ |  |
| Taxi | $ |  |
| Meals (acceptable only if not part of conference booking) | $ |  |
| Accommodation (acceptable only if not part of conference booking) | $ |  |
| Other (specify) | $ |  |
| **Total** | **$** |  |

**By signing below I declare I have read the above guidelines, am in compliance with them, and understand that I may be required to return all or part of the LMP Travel Grant if I receive any future award, scholarship, grant or funding for the above expenses.**

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Supervisor Confirmation** |
| **Print Name** |  |  |
| **Signature** |  |  |
| **Date** |  |  |

**FOR OFFICE USE ONLY – Confirmation of Safety Abroad Registration**

Not Required Registration Date: \_\_\_\_\_\_\_\_\_\_ Waivers Received Verified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: