

School of Molecular & Biomedical Science

APPLICATION FOR POSTGRADUATE STUDENT CONFERENCE ALLOWANCE

STUDENT DETAILS	
Name:	
Student Id:	
Email:	
Phone:	
Supervisor:	

TRAVEL DETAILS	
Purpose of Travel	
Destination	
Departure Date	
Return Date	

CONFERENCE DETAILS	
Name	
Presentation Type (Attach copy of abstract)	

SUMMARY OF EXPENSES	
Conference Registration:	\$
Flights:	\$
Accommodation:	\$
Meals:	\$
Taxis, Bus/Train Fares:	\$
Other:	\$
TOTAL	\$

FUNDING DETAILS	
Amount Requested	\$
Description of award use	
Other funding applications made	

STUDENT'S SIGNATURE		Date	
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SUPERVISOR'S SIGNATURE		Date	
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POSTGRADUATE CO-ORDINATOR'S SIGNATURE		Date	
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