

Postgraduate Research Student Conference Travel Award

REPORT

*This form must be completed within one month of return from the travel for which the award was granted.
Please forward direct to Graduate Centre Chancellery Building (1.016)*

Full name:	Student Number:
Degree:	Full-time/Part-time:
Date of commencement:	Estimated submission date:
Supervisor:	Faculty/School of Study:
Amount of funds received from this award:	
Location and date of conference:	
Title of presentation:	
Please provide a brief description of the perceived benefits of the Conference Travel Award to your research, thesis and future career employment opportunities:	
Please add any further comments you would like to make regarding this Award:	
Candidate signature:	Supervisor signature:
Date:	Date: