**MEDICAL SCIENCE GRADUATE PROGRAM**

**Publication & Travel Award Application**

This application is for active students registered in the Medical Sciences Program (MDSC) only and covers two different awards.

1. Academic Productivity Award: This MDSC program award is provided to MSc or PhD students who show academic productivity through publications. Proof of a 1st authored article in a peer-reviewed publication is required. Co-first authorship will be considered. Total amount of the award is $250. If co-first author, this amount is split between the students who share first authorship. Program requirements must be up to date including committee meetings and associated minutes and reports, FGS Annual Progress Report, record of presentations and participation in Journal Clubs & Research in Progress, and successful completion of Research Integrity Day and Sex & Gender modules.
2. Conference or Scientific Meeting support: This MDSC award, with a maximum of $1500, is provided to students who are presenting their research findings at a conference or scientific meeting, Proof of attendance, presentation and receipts for accommodation or other expenses must be included with the request for support. The conference must be endorsed by your supervisor and supervisory committee. Program requirements must be up to date as listed for the Academic Productivity Award.

Awards are paid as they are received pending approval by the Graduate Program Director.

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| --- | --- | --- | --- |
| Student Name (Print) |  | | |
| UCID # |  | Program (MSc/PhD) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACADEMIC PRODUCTIVITY AWARD** | | | | |
| The award amount is $250 for peer-reviewed publications only. Co-first authors receive $125 each. | | | | |
|  | | | | |
| Publication Title: |  | | | |
| Authors: |  | | | |
| Journal Name |  | | | |
| Date accepted by publisher: |  | | | |
| (Attach verification required – notification of acceptance or cover page of published article) | | | | |
| **Program Requirements Complete – Enter yes and/or date completed:** | | | | |
| MOU Submitted | |  | Proposal Approved/ Candidacy Process Complete |  |
| Meeting date and Minutes | |  | FGS Annual Report |  |
| RI Day | |  | Sex & Gender Module |  |
|  | |  |  |  |
| Supervisor Name (Print): | |  | Supervisor Signature: |  |

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| --- | --- | --- | --- |
| **CONFERENCE OR SCIENTIFIC MEETING SUPPORT** | | | |
| The award amount is up $1500. **Please provide a breakdown of the expenses and receipts.** The award will be paid out after the conference date. | | | |
|  | | | |
| Conference Name: |  | | |
| Conference Location: |  | | |
| Conference Dates: |  | | |
| Abstract Details (title, author): |  | | |
| Total Support Requested: |  | | |
| (Attachments: Receipts for expenses, abstract, confirmation of registration, itemized expense form) | | | |
|  | | | |
| **Program Requirements Complete – Enter either yes, no, or the date completed:** | | | |
| MOU Submitted |  | Proposal Approved/ Candidacy Process Complete |  |
| Meeting Minutes |  | FGS Annual Report |  |
| RI Day |  | Sex & Gender Module |  |
|  |  |  |  |
| Supervisor Name (Print): |  | Supervisor Signature: |  |

Student’s Signature: Date:

Program Director’s Approval: Date:

**Itemized Expense Form Template:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Itemized Expenses for Travel Awards** |  |  |  |
| Student's name: |  |  |  |
| Conference Name: |  |  |  |
| Dates of Travel: |  |  |  |
| Location of Conference: |  |  |  |
|  |  |  |  |
| **Please highlight any costs that your supervisor covered** |  |  |  |
| **Please do not include costs that were covered by another award** |  |  |  |
| **Item** | **Date** | **$** | **Currency (CAD, USD, etc)** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **total** | **$ -** |  |

Receipts are required to confirm expenses and receive reimbursement.