

This award is to **reimburse** student travel to national and international conferences between January 1, 2025, and December 31, 2025.

To be eligible for this award, students must:

- Be presenting an oral presentation or poster on their research at the conference
- Provide confirmation of their oral or poster presentation
- Provide confirmation of their attendance (registration email OR certificate of attendance)

Awards will be up to \$2,000.00 each and receipts must be received before an award payment can be made. Students who wish to attend a high-profile conference but will not be presenting will be considered on a case-by-case basis. Priority will be given to senior students, students who do not hold studentships, and students who have not recently received program travel funding.

Student Name	
UCID	
Name of Conference	
Dates of Conference	
Conference Location	
Purpose of Conference (benefit to attendance)	
Type of Presentation (poster, workshop, seminar, panel, etc.)	
Abstract Title	
Abstract Attached	☐ Yes
Other Travel Awards Received for this Conference (name and amount)	

REMINDER THAT RECEIPTS ARE REQUIRED TO COMPLETE PAYMENTS

Please highlight any costs that your supervisor covered

Item	Date	\$	Currency (CAD, USD, etc.)
Conference Registration Fee			
Flight/Travel			
Accommodation			
Total		\$	

SIGNATURES & APPROVALS

_____ Student's Name	_____ Signature	_____ Date
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Ensure a copy of your abstract is attached to this form and submit it to the Graduate Program Administrator at gimgrad@ucalgary.ca. Receipts will be required to verify the payment request and need to be submitted after the conference travel date.

GSE OFFICE USE

Program Requirements up to date: ☐ Yes ☐ No (email student about requirements – no payment until up to date)

Receipts Received: ☐ Yes ☐ No (email student about receipts – no payment until received)

Payment Amount:

Date of Payment Processing:

GPD APPROVAL

I approve that the above listed student receives award reimbursement when receipts have been received by the GPA.

Graduate Program Director/
Co-Director's Name

Signature

Date