



THE MATHISON CENTRE
for MENTAL HEALTH RESEARCH & EDUCATION

Trainee Travel Support Application
Graduate Students and Postdoctoral Fellows

Applicant Information		
Name of Applicant:		
Name of Supervisor:		
Program of Study:		
UCID:	Email:	Phone:
Current Mailing Address:		
City:	Province:	Postal Code:
Conference Information		
Name of Conference:		
Date of Conference:		
Location of Conference:		
Title of Abstract:		
Co-Author(s):		
MY ABSTRACT WILL BE SUBMITTED FOR PUBLICATION IN:		
<input type="checkbox"/> Peer-reviewed Journal or Book <input type="checkbox"/> Conference Proceedings <input type="checkbox"/> Unsure/Not Applicable		
Signatures		
Recommendation of the Research Supervisor:		
Date: _____ Signature: _____		
Signature of Applicant:		
Date: _____ Signature: _____		
APPROVAL		
Date: _____ Signature: _____		