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**MEDICAL PHYSICS RESEARCH TRAINING NETWORK – NSERC CREATE**



**APPLICATION FOR STUDENT EXCHANGE  
TRAVEL SUPPORT**



Date : **October 1, 2018 - March 31, 2019**

<b>Student Information</b>	Student Level :
Surname:	Given Name:
Phone Number:	Mailing Address:
E-mail:	
<b>Host Information</b>	
PI/ Collaborator (Surname, Given Name):	
Mailing address:	
Telephone number:	
e-mail address:	
Date(s):	

**OBJECTIVES OF EXCHANGE TRAVEL:**

**BUDGET: ESTIMATED EXPENSES:**

\$ \_\_\_\_\_ Transportation                      \$ \_\_\_\_\_ Accommodation

\$ \_\_\_\_\_ Other (printing, food, etc)

**Please provide all the original receipts, original boarding passes. All credit card costs need to be backed up by bank statement.**



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SUPERVISOR'S COMMENTS on importance of proposed travel in the context of the student's research:

[Empty rectangular box for supervisor's comments]

*I understand the terms and conditions of this travel support as outlined on this application.  
The information in this application is true and correct to the best of my knowledge.  
Note to Supervisor: By signing here the supervisor commits to cover a possible shortfall in the reimbursement through other sources.*

\_\_\_\_\_  
Applicant Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send the signed form to [tatjana.nisic@mcgill.ca](mailto:tatjana.nisic@mcgill.ca)