

RESEARCH TRAVEL GRANT
(MASTER'S WITH THESIS)

		REF. <input style="width: 100px;" type="text"/>	
SURNAME		GIVEN NAMES	
		STUDENT NO. <input style="width: 100px;" type="text"/>	
ACADEMIC UNIT	TELEPHONE NO. <input style="width: 50px;" type="text"/>	OFFICE <input style="width: 100px;" type="text"/>	LABORATORY <input style="width: 50px;" type="text"/>
E-MAIL <input style="width: 100%; height: 20px;" type="text"/>			
STUDENT SESSION AT THE TIME OF THE STAY <input style="width: 20px;" type="text"/>		MASTER'S SESSIONS 2 TO 6 <input style="width: 20px;" type="text"/>	
LOCATION OF THE STAY <input style="width: 50px;" type="text"/>	CITY <input style="width: 50px;" type="text"/>	COUNTRY <input style="width: 100px;" type="text"/>	
DATE OF THE STAY <input style="width: 20px;" type="text"/>	FROM		TO
	YEAR <input style="width: 20px;" type="text"/>	MONTH <input style="width: 20px;" type="text"/>	DAY <input style="width: 20px;" type="text"/>
EXPLAIN BRIEFLY THE RELEVANCE OF THIS STAY.			

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_____ DATE _____ SIGNATURE (REQUESTER)

RECOMMENDATION (ACADEMIC UNIT)

RECOMMENDATION (INCLUDING JUSTIFICATION OF THE RELEVANCE OF THE REQUEST AT THIS STAGE OF RESEARCH PROGRAM OF THE CANDIDATE)

NAME (PLEASE PRINT)

E-MAIL

_____ DATE _____ SIGNATURE (RESEARCH SUPERVISOR)

FOR USE OF THE FACULTY OF SCIENCE

APPROVAL

NAME OF THE ASSOCIATE DEAN

_____ DATE _____ SIGNATURE (ASSOCIATE DEAN)