***APPLICATION FOR POSTGRADUATE RESEARCH TRAVEL GRANT*** 

***TRAVEL GRANT ONLY AVAILABLE (UP TO SEPTEMBER 2014) TO STUDENTS IN RECEIPT OF MONTHLY SCHOLARSHIP PAYMENTS***

*THIS IS A ONCE – OFF AWARD MADE FROM THE UNIVERSITY RESEARCH COMMITTEE, PROCESSED BY THE* ***GRADUATE STUDIES OFFICE****, BASED ON THE INFORMATION PROVIDED BELOW.*

*DCU STAFF MEMBERS ARE NOT ELIGIBLE TO APPLY*

 (*FOR OFFICE USE ONLY* ) NUMBER ­\_\_\_\_\_\_\_ \_

FINANCE REFERENCE CODE ­ D03010/20901 STUDENT NUMBER ­\_\_\_\_\_\_\_\_\_\_\_

PLEASE COMPLETE ALL SECTIONS

1. NAME …………………………………………………………………………………….
2. SCHOOL / UNIT ………………………………………………………………………….
3. NAME OF SUPERVISOR …………………………………………………………………

4. YEAR REGISTERED FOR POSTGRADUATE RESEARCH DEGREE \_\_\_\_\_ \_

*Please Tick*

FULL TIME \_\_\_\_\_\_\_

PART TIME \_\_\_\_\_\_\_

5. NUMBER OF YEARS COMPLETED \_\_\_\_\_\_\_\_

6. TITLE OF CONFERENCE / DETAILS OF OTHER ACTIVITY FOR WHICH MONEY IS

REQUESTED

……………………………………………………………………………...................................

…………………………………………………………………………………………………...

7. DATE AND VENUE …………………………………………………………………………

8. TYPE OF ACTIVITY *Please Tick*

PLENARY \_\_\_\_\_\_\_ \_

POSTER SESSION \_\_\_\_\_\_\_ \_

OTHER \_\_\_\_\_\_\_ \_

9. AMOUNT REQUESTED \_\_\_€500 \_

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APPLICANTS SIGNATURE …………………………………. DATE \_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR’S ENDORSEMENT ………………………….. DATE \_\_\_\_\_\_\_\_\_\_\_

GSO SIGNATURE ……………………………………………. DATE \_\_\_\_\_\_\_\_\_\_\_

FINANCE SIGNATURE ……………………………………… DATE \_\_\_\_\_\_\_\_\_\_\_