

FKRM Graduate Student Travel Award Reflection Form

Students are asked to provide the Associate Dean (Research and Graduate Studies), a brief (one page) description of their experience at the conference immediately upon return from the conference.

The Associate Dean (Research and Graduate Studies) reserves the right to deny funding should the request not be in keeping with the objectives or if funds are not available.

Once completed, please submit electronically to Graduate Program Coordinator (Jody.Bohonos@umanitoba.ca).

Student Name:	Student #
Event:	
From:To:	(Date Format: DD/MMM/YYY)
Student Signature:	Date:
Student Signature.	Date.
FKRM Associate Dean (Research and Graduate Studies) Approval Signature:	Date:



FKRM Graduate Student Travel Award Reflection:

