

The Albert Aguayo Travel Award Form

Applicant Information

Applicant family name:	First name:	Year of study (i.e. PhD 4)
Student ID number:	E-mail	
Department/School/Unit:	Indicate the start and end date of your stay (yyyy/mm/dd) From: _____ To: _____	
Title of Research Project		

Supervisors

Provide information on (a) your current research supervisor and (b) host supervisor or (c) name of specialized course (as applicable.)

(a) Current research supervisor family name	Given name:
Department/School/Unit:	
E-mail	Phone number
(b) Host research supervisor family name	Given name:
Department/School/Unit full address:	
E-mail	Phone number
(c) Name of specialized course	

Funding

Total Amount Required: \$ _____	Other source of funds Source: _____ Amount: \$ _____
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Signature

Applicant name (print)	Signature	Date
Current supervisor name (print)	Signature	Date