

MD Undergraduate Travel Award Consent Form



FACULTY OF MEDICINE

APPLICANT INFORMATION

Student Last Name:	Student Legal First Name:
Student Number	

I certify that all information provided in the accompanying MD Undergraduate Travel Award Application Form is accurate and acknowledge that all travel expenses are in accordance with UBC Policy #83 (Travel Policy). <http://universitycounsel.ubc.ca/files/2013/04/policy83.pdf>.

Student Name (please print)	Supervisor Name (please print)
Signature	Signature
Date	Date

Contact Information

Linda Herbert
Student Research Coordinator

Faculty of Medicine, Dean's Office: IRC room 317
Email: med.studentresearch@ubc.ca
Phone: (604) 822-7154 (Linda)