

MD Undergraduate Travel Award Consent Form



THE UNIVERSITY OF BRITISH COLUMBIA

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 \(Travel Policy\)](#).

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

Contact Information

Courtney Bryce
Student Research & Education Coordinator

Patryk Krolikowski
Awards and Administrative Assistant

Email: med.studentresearch@ubc.ca