

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 FM8 (Travel and Other Business-Related Expenses Policy).

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

Contact Information

Courtney Bryce
Student Research & Education Coordinator

Email: med.studentresearch@ubc.ca