

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

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