



2018 UBC-Yale Fox International Fellowship Program

Identification		Internal Use
Applicant Family Name	Applicant Given Name	Initials
Address		
Phone Number	Email	
Department/Unit		
Title of research plan		
Degree program	Expected graduation date	
The start and end date of your stay at Yale University From _____ To _____	Are you requesting research travel expenses? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location of Research Studies Abroad Indicate the Organization and Department/Unit if you plan to undertake your research studies abroad		
Full organization name		
Department/Unit	Country	
Signature The undersigned accepts the terms and conditions as outlined in the corresponding program description, the instructions provided with this form; and any conditions applied to an award pursuant to this application.		
Applicant name (print)	Signature	Date
Research Travel Request Enter amounts rounded up to the nearest dollar (up to \$2,000 USD)		

Proposed Expenditures		Amount \$
Travel Costs		
Accommodation		
Living Expenses		
Other travel related expenses (please specify)		
Total		
Amount requested		
Supervisors		
Provide information on your current research supervisor and the proposed faculty mentor at the host institution		
Current research supervisor Family name	Given name	Initials
Full organization name		
Department/Unit		
E-mail		Phone number
Proposed host supervisor Family name	Given name	Initials
Full organization name		
Department/Unit		
E-mail		Phone number