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| --- | --- | --- | --- | --- |
| **Applicant** | First Name |  | Second Name |  |
| Date of birth |  | E-mail |  |
| Date of registration in 1st year of thesis |  |
| Thesis Director |  |
| Laboratory |  |
| **Request** | [ ]  France[ ]  Europe[ ]  outside Europe | City :Country : | [ ] Conference[ ]  oral communication[ ]  presentation of a poster[ ] Training school[ ] Immersion training in a laboratory[ ] Scientific collaboration[ ] Other (explain) |
| Travel dates | From to |
| Details of the request (for conferences, specify the title of the communication/poster, for other requests, indicate the subject and context) |
| Expenses | (€) | Resources | (€) |
| Registration fees |  | Research unit and/or team \* |  |
| Transportation |  | Host organization\* |  |
| Accommodation |  | Component (UFR, Institute, other…) |  |
| Restoration |  | Personal contribution |  |
| Other expenses (specify) |  | Other financing (specify) |  |
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|  |  | **Grant requested** |  |
| Total 1\*\* |  | Total 2\*\* |  |

\*The participation of at least one of these entities is mandatory.

\*\*Total expenses (total 1) must equal total resources (total 2), including the requested grant.

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| Signature of applicant: |

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| **Opinion of the thesis director:** | Name: |
| Date: |
| Signature: |
| **Opinion of the lab director:** | Name: |
| Date: |
| Signature: |