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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: |