

# Dr. FW Luney Graduate Travel Award in Microbiology & Immunology

## Travel Award Application - Year X students are NOT eligible

This award may be given annually to full-time Masters or Doctoral students enrolled in the graduate program in Microbiology & Immunology. Students must have been enrolled in the graduate program for at least two terms at the time of application. Awards are intended to enable graduate students to attend scholarly conferences or meetings to present their research. Awards will also be considered to support travel for training purposes. Recipients will be selected by the Graduate Studies Committee of Microbiology & Immunology.

This award was established by Mrs. Marion Isabelle (Luney) Murray in honour of her father, Frederick Winnett Luney, a pathologist and Western Professor. Number will vary. Value: up to \$2500.

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### Graduate Travel Award Process- As of May 1 2025

**All documentation must be received one week prior to travel in order to be considered for the Travel Award.**

1. Students will complete the fillable pdf Graduate Travel Award Application, including a proposed budget.
2. Students are required to submit a copy of their abstract and the email stating the abstract has been accepted in PDF format with their Travel Award Application.
3. Students to provide either a hard copy or scanned copy via email to Dianna Puzara.
4. The award amount is determined on whether the travel is within Canada or outside of Canada. For travel within Canada the award amount is up to \$1,400.00. For travel outside of Canada the award amount is up to \$2,500.00.
5. Once the travel award application has been received an email communication both to the student and PI will be provided as an approved award confirmation and a description of the reimbursement process. Please note that students can only receive one travel award per fiscal year.

### Process of Reimbursement

1. No cash advances or direct charges are to be processed through the PI's account.
2. Students are required to pay all expenses related to travel.
3. The amount of the award will be awarded to the student's tuition account in advanced of travel. If for whatever reason the student is not able to travel to the conference the student will be required to pay back the award amount.
4. Students will be required to keep all original itemized receipts related to travel.
5. Upon returning from travel should expenses exceed award amount student will be responsible for submitting an expense report for additional expenses to the PI's account.
6. When submitting the expense report please document under description: *travel award was received expenses above award amount.*
7. **NEW: If you are submitting a Western expense report you will be required to submit the following information to Jessica Jamieson : an Excel spreadsheet itemizing how the Travel Award was used to pay for your travel AND the specific expenses for which you are requesting a reimbursement from the account of your supervisor.**

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**Name:**

**Student number:**

**Supervisor  
Name:**

**Date of last committee  
meeting:**

**Travel Dates:**

**Location:**

**Name of conference/training attending:**

**Title for the research/training project:**

**Full authorship details for the research project that will be presented:**

**Travel Award for:**

**Oral**

**Poster**

**Oral & Poster**

**Training**

**Travel:**

**within Canada**

**outside of Canada**

\* All documentation must be received one week prior to travel in order to be considered for the Travel Award.

\* Abstract must be accepted to be considered for the Travel Award.

\* If for whatever reason the student is not able to travel to the conference/training the student will be required to pay back the award amount.

**Proposed budget (include total amount):**

\* To the best of our knowledge this represents an accurate prediction (in Canadian funds) of the total costs that will be incurred to attend this conference. All information completed on this form is accurate at the time of form completion.

**Student Signature:**

**Supervisor Signature:**

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*FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE*

*APPROVED :*

*NOT APPROVED :*

*AMOUNT APPROVED:*

*AWARD # for LAB*

*1      2*