



An die Geschäftsstelle der Graduiertenschule Forst- und Agrarwissenschaften (GFA) Büsgenweg 5 37077 Göttingen

Application for conference travel allowance

1. Personal information First name: Last name: Date of birth: Birthplace: Email: Phone: PhD Programme: Working title of the dissertation: I am scholarship holder of the following foundation: I am member of the following collaborative project (CRC/SFB, RTG, ...): I am employed at the University of Göttingen O 100% TV-L 13 O part time 2. Application I apply for an allowance for the conference travel costs for: Name of the event: The event will take place in (city, country): from: Duration of the event: until: Duration of the trip: until: from:

Type of contribution:	
Total costs o	f the trip (in €): Requested grant (in €):
Can you app third-party fo	ly for course participation allowances at another institution (e.g. Unibund, working group, bundation)?
O no	O yes, (partial)funding for the conference trip is/was requested from the following institution as follows:
3. Justifica	ation for the application
reasons that	n the relevance of the event with regard to your dissertation project. Are there any other support your application (social needs, e.g. childcare, care of a family member, time pressure ence status, need of assistance etc.)? (3-5 sentences)
In coposition in composition in composition in coposition in composition in composition in composition in coposition in copositi	re: GFA welcomes climate-friendly organization and implementation of conference travel. For the force to keep the use of resources associated with the travel activities during the PhD as efficient as sible, it makes sense to combine other activities with this trip. Are there any on-site appointments that or career preparation that can be combined with the conference travel (e.g. meeting with supervisory embers or collaborators, visiting study sites, or seeing laboratory activities of other research groups)? For whether there are opportunities for you to extend the benefits of your trip.
of daily allo	firm the accuracy of the information given and affirm that I renounce from the payment wances. I or other institutions will bear any additional costs that surpass the amount of ted by the GFA.
Place, date:	Signature:
	Signature of first supervisor:

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