

**Request for Travel  
Required Faculty of Medicine Supplemental Information**

**Please indicate the following:**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Name of Meeting/Conference:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

What sessions/meetings you expect to go to.

Why you need to attend (specify if attendance is required for national committee)

What are the benefit/s to the Faculty of Medicine if you attend these sessions/meetings?

\_\_\_\_\_  
Signature of Requestor:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chair, Associate Dean, Assistant Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title (Chair, Associate Dean, Assistant Dean)

\_\_\_\_\_  
Date

Comments/Conditions:

Approved by:

Date:

\_\_\_\_\_  
**PROFESSOR JAMES ROURKE / DEAN OF MEDICINE**  
MD, CCFP(EM), MCISci, FCFP, FRRMS, FCAHS, LLD

or \_\_\_\_\_  
**CATHY VARDY/VICE DEAN OF MEDICINE**  
MD, FRCPC