

Personal Information

Surname	Given Name(s)
Banner ID #	Telephone
Current Mailing Address	City, Prov. Postal Code, Country
Dalhousie E-Mail Address	Social Insurance Number *
Educational Information	
BComm BMgmt CRM	(BA Current Cumulative GPA (Min 2.50):
Program of Study (Please Selec	et One)
Will you be a returning student to Dalhousie for the upcoming academic year? Yes No	
	Travel Information
Train Air Method of T	Car Rental ravel
	<u>To</u>
Where are you travelling	ng to? Travel Dates
Have you purchased your trave	el arrangements?
If YES , please attach a copy o	f your invoice (check box) Attached
If NO , please attach a quote fro	om a travel agency or website, outlining estimation costs (check box) Attached
	Date
	Submit no later than 2 weeks prior to departure
Prior to departure, please return application with accompanying documents to:	
	Management Career Services
	mcs@dal.ca

*Social Insurance Number is required due to the Career Development Travel Fund being a taxable benefit