

Department of Applied Mathematics and Theoretical Physics

**PRE-APPLICATION FOR DEPARTMENTAL PERMISSION FOR
CONFERENCES OR RESEARCH VISITS**

This form must be discussed with, and signed by, your Supervisor BEFORE you commit yourself to any travel or conference expense. It should be filled in even if you are not seeking departmental support for your travel. After approval please take a copy to John Turner.

Name: _____ College: _____

Tel. No.: _____ Email: _____

Research Group: _____ Year: _____

Supervisor: _____

**List previous travel to conferences or research visits outside Cambridge
(continue on separate sheet if necessary)**

Nature of proposed travel:

Dates of proposed absence:

Reasons for proposed travel:

Estimated costs:

Travel: £ _____ Fees: £ _____ Accommodation/meals: £ _____

TOTAL: £

What percentage of support do you hope to receive from:

DAMTP College Organisers Other

Supervisor's comments:

Approved:

(signature of Supervisor)