

Return this completed and signed form and the printout of course/workshop details (which clearly shows the course name, date, time, and the location) to the CPS manager's office (Davis Building, room 4062) prior to registration. Full CPS complementary education fund guidelines are available on the CPS website.

Personal Details

Name:

Student Number:

Email Address:

Supervisor:

Program:

Program Year:

Expected Degree Completion Date:

Course/Workshop Details (include name, location, and date):

Total Cost of the Course/Workshop:

Supervisor Endorsement

I have reviewed this application and support above student's request.

Supervisor's Signature:

Date:

Student Acknowledgement

I acknowledge that:

- 1) I will be responsible to pay all fees not covered by the CPS Complementary Education Fund
- 2) I will provide record that the course/workshop was completed successfully, and
- 3) I comply with [U of T's Policies and Guidelines for Travel and Other Reimbursable Expenses](#).

Student's Signature:

Date:

Approval from the Associate Chair, Research:

Date: