

Please use Times New Roman (11 points) and do not exceed the allocated space in each cell.

1. Name, title & affiliation of applicant:
2. Name, title, affiliation and e-mail of supervisor/sponsor:
3. Number and Title of ArcticNet project, Cycle 3 No: Title :
3. Name, location and dates of training opportunity:
4. Please state the relevance of the proposed "school/program" for ArcticNet and for the applicants training:

Note: The ArcticNet Training Fund will cover 75% of the participation costs of the applicant up to a maximum of \$5K. The remaining 25% should be covered by the applicants' supervisor/sponsor or with other funds available to the applicant for the training activity.

 Supervisor/sponsor signature

 Date

Please return the completed form (by email, fax or mail) to [Christine Demers](#) at the ArcticNet Administration Centre.