



UBC M&P STAFF DEVELOPMENT AND EXCHANGE PROGRAM (UBC SDX)

APPLICANT (TRAVELLER) INFORMATION	
APPLICANT SURNAME:	APPLICANT GIVEN NAME:
DEPARTMENT:	CAMPUS: VANCOUVER OKANAGAN
TELEPHONE:	E-MAIL ADDRESS:
APPLICANT'S MANAGER'S NAME:	
HOST INFORMATION	
HOST SURNAME:	HOST GIVEN NAME:
DEPARTMENT:	CAMPUS: VANCOUVER OKANAGAN
TELEPHONE:	E-MAIL ADDRESS:
HOST/ UNIT MANAGER'S NAME:	
WORK PLAN DATES	
START DATE:	END DATE:
BUDGET (Please fully complete table below)	
	ANTICIPATED/CONFIRMED AMOUNT
1. TRAVEL	
2. ACCOMMODATION	
3. MEALS (UBC PER DIEM RATES)	
4. OTHER TRANSPORTATION (TAXI, TRANSIT, PARKING)	
TOTAL	

WORK PLAN

PLEASE ATTACH A DESCRIPTION OF THE WORK PLAN. This could include, for example: JOB SHADOWING, ATTENDING AND PARTICIPATING IN MEETINGS/WORKSHOPS/SEMINARS, SPECIAL EVENTS, and TEAM BUILDING OR SOCIAL EVENTS. The work plan should include some time to attend to regular work duties.

WORK PLAN ATTACHED

YES

SIGNATURE SECTION

I verify that all the information contained with this application is true and complete, to the best of my knowledge. I also agree to all the program terms specified.

APPLICANT

NAME:

SIGNATURE:

DATE:

APPLICANT'S SUPERVISOR

I agree that, with prior agreement, costs over the \$1260 SDX allowance can be covered by unit.

NAME:

SIGNATURE:

DATE:

HOST

NAME:

SIGNATURE:

DATE:

HOST SUPERVISOR

NAME:

SIGNATURE:

DATE:

Questions – please contact Kristen Korberg

**When the application is complete please submit the application via email to:
Kristen Korberg at kristen.korberg@ubc.ca**