|  |  |
| --- | --- |
| **Name:** | Click here to enter text. |
| **Program of Study:** (Masters/Doctorate/Post-Doctorate) | Click here to enter text. |
| **Date enrolled in program:** | Click here to enter a date. |
| **Department and University/College:** | Click here to enter text. |
| **Name of supervisor:** | Click here to enter text. |
| **Email address:** | Click here to enter text. |
| **CLSI Project ID:**  (Limit one Proposal ID per application) | Click here to enter text. |
| **Date of Travel to the CLS or the CLS@APS:** | Click here to enter a date. |
| **Is this your first beamtime at the CLS or the CLS@APS: (Yes/No)** | Choose an item. |

**I agree to the Terms of the Travel Reimbursement**

* Reimbursement is based on expenses for travel and room accommodation only, up to the maximum amount based on location. CLSI will only compensate for eligible expenses. Invoices for travel reimbursement must be submitted to CLSI from applicants home institution within three (3) months of visiting the CLS associated with this application.