**SUPERVISOR STATEMENT FORM – AQUA STUDENT TRAVEL AWARDS 2024**

I confirm that (STUDENT NAME) is enrolled in a higher degree by research at\_(INSTITUTION NAME) and endorse the accuracy of their application at the time of writing.

Please provide a short statement to support the student’s application (see assessment criteria on previous page) and **confirm that the applicant does not have institutional or grant funding** to support their travel to the AQUA biennial meeting.

Supervisor name and position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_