

OFFICE OF POSTGRADUATE STUDIES
Postgraduate Student Conference Funding Application Form

 (The Office of Postgraduate Studies requires all applications to be submitted at least **60 days** before conference date)

| A. Details | | | |
|--|--|--|--------------|
| Name of Applicant : | | | |
| Student ID : | | | |
| Programme & Semester : | | | |
| Faculty : | | | |
| Mobile No : | | E-mail : | |
| Name of Conference : | | | |
| Name of presenter : | | | |
| Type of presentation * : | | Poster <input type="checkbox"/> Oral <input type="checkbox"/> * Please ✓ | |
| Venue : | | City : | Country : |
| Date : | | Until : | (____ days) |
| Conference Costs : | | | |
| i. Registration fees : RM | | ii. Accommodation : RM | |
| iii. Transportation : RM | | iv. Others (please specify) : RM | |
| Total costs of conference : RM _____ (Claims should not exceeded RM 1,200.00) | | | |
| Summary Statements | | | |
| Student knowledge development and capacity building: | | | |
| Contribution to Discipline/ Area of Research: | | | |
| Publication Plans: | | | |
| Applicant Signature : | | Important. * Please attach ALL document below : | |
| Date : | | <input type="checkbox"/> Abstract / Research Paper <input type="checkbox"/> Support Letter from Supervisor <input type="checkbox"/> Acceptance Letter for poster / oral presentation <input type="checkbox"/> Breakdown of all costs <input type="checkbox"/> Complete brochure of the conference <input type="checkbox"/> Student Research Project approval letter | |
| <i>Reminder: Applicant is responsible for the information provided. For false information, the applicant is obliged to return the money and face legal action.</i> | | | |
| B. Faculty | | | |
| Supervisor <input type="checkbox"/> Supported <input type="checkbox"/> Not Supported Comment:..... Name / Signature: Date: | | Head of Postgraduate Studies <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended Comment:..... Name / Signature: Date: | |
| | | Dean <input type="checkbox"/> Supported <input type="checkbox"/> Not Supported Comment:..... Name / Signature: Date: | |
| C. Office of Postgraduate Studies (OPS) | | D. General Office (OPS) | |
| <input type="checkbox"/> Approved application WITH the total amount RM _____ <input type="checkbox"/> Rejected Comment:..... Name / Signature: Date: | | <input type="checkbox"/> Received form on:/...../20.... <input type="checkbox"/> Approval letter issued on:/...../20.... Name / Signature: Date: Stamp: | |

- Note:**
- Claim Form must be submitted within 2 weeks after attending the conference together with the **hardcopy of the conference abstract, certificate of attendance/ participation and original receipt.**
 - To provide publication acceptance by an internationally peer-reviewed journal indexed in Web of Science (WoS) or Scopus, for at least 1 (ONE) full length research article before reimbursement will be released.