# Application for Conference Leave Without Financial Assistance

**Note:** The application should be submitted to the Head of Department/Programme.

## Part I – To be completed by Applicant

### A. Personal Particulars

1. Name (Mr/Miss/Mrs) ___________________________ Student Matric no: __________
2. Supervisor(s) _______________________________________________________________________
3. Department _________________________________________________________________________
4. Date of registration as graduate student _______________________________________________
5. End date of candidacy __________________________________________________________________
6. Type of Candidature: * Master/Ph.D. ( *full/part time)
7. Research area/Topic ___________________________________________________________________
8. Citizenship: * S’pore/SPR/others __________________________________________________________________

### B. Conference Details (Please attach brochure/official handout on conference)

<table>
<thead>
<tr>
<th>Title of Conference</th>
<th>Proposed Period of Leave:</th>
<th>Venue:</th>
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<tbody>
<tr>
<td>Dates: From to</td>
<td>From to</td>
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**Nature of Participation (Please attach copies of relevant correspondence)**

- [ ] Read a paper
- [ ] a panel discussant
- [ ] others

**Title of Paper to be presented at conference (Please attach copy of abstract)**

**Details of Co-authors: Name (Department)**

1  
2  
3  

**Paper accepted for presentation at conference**

- [ ] Yes (please attach relevant correspondence on acceptance of paper)
- [ ] No
C Please state objectives to be achieved by attendance at conference:

___________________________________________________________________________________________
___________________________________________________________________________________________

Details of conference attended in the last 3 academic years:

<table>
<thead>
<tr>
<th>Conference Title</th>
<th>Venue</th>
<th>Date From</th>
<th>Date To</th>
<th>Amount of Financial Assistance From University</th>
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Attendance at conference is related to consultation/outside work:  
☐ Yes  ☐ No

Financial assistance received from outside the University:

☐ No

☐ Yes: details given below and copies of relevant correspondence attached:

Source: __________________________________________

Amount: __________________________________________

Outside Remuneration/Payment:

☐ No

☐ Yes: details given below and copies of relevant correspondence attached

Source: __________________________________________

Amount: __________________________________________

I acknowledge that only ONE author per paper can submit an application for financial support from the University for the conference.

Date: ___________________________  Signature of Applicant: ___________________________
Part II – To be completed by the Supervisor(s)

1. Application is supported:

☐ Yes  ☐ No

Reason(s):

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Date: __________________________  Name and signature of  Supervisor(s): _________________________

Part III – To be completed by Head of Department

1. Application is supported:

☐ Yes  ☐ No

Reason(s):

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Date: _____________________________     Name and signature of Head : __________________________