



# Sultan Qaboos University

## CONFERENCE APPLICATION FORM

### To be completed by the Applicant

#### A. DETAILS OF THE APPLICANT

Name: _____	ID No: _____
College/Center: _____	Department: _____
Position: _____	Ext: _____ E-Mail: _____
Specialization: _____	

#### B. CONFERENCE DETAILS

Subject: _____
Date of Conference: From: _____ to: _____
Place of Conference: _____
Participation as: <input type="checkbox"/> Invited Guest Speaker <input type="checkbox"/> Presenting Paper <input type="checkbox"/> Presenting Poster <input type="checkbox"/> Observer
Title of Paper: _____
Paper Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Paper accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Paper accepted as poster: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Abstract sent: <input type="checkbox"/> Yes <input type="checkbox"/> No

#### C. SOURCE OF FUNDING

Indicate the proposed source of funding the conference;

<b>Personal expenses</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>By invitation</b> , all expenses paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Research Project</b> (state project number) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>University Central Budget</b> (Omanis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Conference Central Budget</b> (IG/AVP/CONF/03/01)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### D. DETAILS OF LAST CONFERENCE ATTENDED

Subject: _____		
Date of Conference: From: _____ to: _____		
Place of Conference: _____		
Participated as: <input type="checkbox"/> Invited Guest Speaker <input type="checkbox"/> Presenting Paper <input type="checkbox"/> Presenting Poster <input type="checkbox"/> Observer		
Title of Paper: _____		
Indicate mode of attending last conference;		
Personal expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By invitation, all expenses paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conference Budget	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contract Research (state contract number) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature: _____	Date of Application: / / 200	
<b>Attachments:</b> Abstract (if any) Letter of Acceptance From The Conference Organizer		

**E. HEAD OF DEPARTMENT  
RECOMMENDATION**

.....  
.....  
.....

Signature: ..... Date: .....

**F. ASSISTANT DEAN (PGS&R)  
RECOMMENDATION**

.....  
.....  
.....

Signature: ..... Date: .....

**G. DEAN  
RECOMMENDATION**

.....  
.....  
.....

Signature: ..... Date: .....

**H. COMMITTEE'S APPROVAL**

Approved       Not Approved

Signature: ..... Date:    /    / 200

CC: Applicant  
College File  
Personal Affairs File  
Postgraduate Studies & Research File