



UTM
UNIVERSITI TEKNOLOGI MALAYSIA

School of Professional and Continuing Education (SPACE)

DIVISION OF RESEARCH MANAGEMENT AND LEARNING RESOURCES

UTMSPACE/UPP/RM/A/001
Pindaan: 0

**ACTIVITY APPLICATION FORM FOR ATTENDING CONFERENCE / MEETING
TRAINING / WORKSHOP/ VISITING / FIELD WORK & DISCUSSION**

Note: Kindly submit to Research Management Unit **at least 1 month** from the date of the event. Please fill Section 1 to 5 and tick in the appropriate box.

1. APPLICANT'S PERSONAL PARTICULARS

Name (with designation)																						
Category	<input type="checkbox"/>	Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Contract Personnel	<input type="checkbox"/>	RO	<input type="checkbox"/>	RA	<input type="checkbox"/>	ARO	<input type="checkbox"/>	RSG	<input type="checkbox"/>	Master Student PhD Student	<input type="checkbox"/>	SPB	<input type="checkbox"/>	Master Student PhD Student	<input type="checkbox"/>	Others
NRIC / Passport No.							Staff No.															
Office Telephone No.							Office Fax No.															
Hand phone No.							E-mail Address															
Unit / Division							Nationality															

2. TYPE OF INVOLVEMENT

Presenter Participant Organizer

3. TYPE OF PROGRAMMES

Type of programme	Conference		Training		Seminar		Workshop / Visiting / Discussion / Meeting / Field work / Others						
	<input type="checkbox"/>	Local	<input type="checkbox"/>	Oversea	<input type="checkbox"/>	Local	<input type="checkbox"/>	Oversea	<input type="checkbox"/>	Local	<input type="checkbox"/>	Oversea	
Name of programme													
Date of programme							Venue						

CONFERENCE & JOURNAL PARTICULARS (Note : For conference's purpose, all items are compulsory. For journal publication, only item remarked * are required)

Title of Paper *												
Conference / Journal Status *	<input type="checkbox"/>	Refereed	<input type="checkbox"/>	Non-refereed								
Type of Indexed *	<input type="checkbox"/>	ISI	<input type="checkbox"/>	SCOPUS	<input type="checkbox"/>	Others (please specify)	<input type="checkbox"/>	Non-indexed				
Principal Author *												
Co-Author (s) *												
Type of Presenter	<input type="checkbox"/>	Keynote Speaker	<input type="checkbox"/>	Invited Speaker	<input type="checkbox"/>	Presenter						
Type of Presentation	<input type="checkbox"/>	Oral	<input type="checkbox"/>	Poster								
Name of Organizer / Publisher *												

4. PROJECT PARTICULARS & SPONSORSHIP REQUIREMENT

Project Title		
Vote No.		
Funds (Year) :		
Balance of budget under V21000 as at <i>(Travel and Transportation)</i>	RM	
Total Balance as at	RM	
Total Sponsorship Required	RM	<i>For Research Management Unit Only</i>
• Registration Fee	RM	
• Accommodation	RM	
• Meal Reimbursement	RM	
• Transportation	RM	
• Others (Please specify)	RM	
TOTAL	RM	

I have duly completed this form and attached the following supporting documents			
No	Item (please tick where appropriate)		
(i)	Conference/ Training / Seminar / Workshop Brochure (info on date, venue, conference programme / course contents, registration fees)		<input type="checkbox"/>
(ii)	Full Paper to be presented (acknowledgement to Vote No. & UTMSPACE)		<input type="checkbox"/>
(iii)	Letter of Acceptance from Conference Organizer		<input type="checkbox"/>
I hereby declare that the particulars in this application are true to the best of my knowledge and belief			
Signature of Applicant			Date :
5. RECOMMENDATION BY PROJECT LEADER			
<i>(Project Leader to fill in if the applicant is a member of or RO/ ARO/RA/ RSG /SPB employed under the project)</i>			
Name		<input type="checkbox"/>	Recommended Signature :
Designation		<input type="checkbox"/>	Not Recommended Date :
Remarks			

FOR OFFICE USE ONLY

RECOMMENDATION BY DIVISION OF RESEARCH MANAGEMENT AND LEARNING RESOURCES (BPSP)			
Name		<input type="checkbox"/>	Recommended Signature :
Designation		<input type="checkbox"/>	Not Recommended Date :
Remarks			
APPROVAL / RECOMMENDATION BY DEPUTY CHAIR (DEVELOPMENT)			
Fund Availability	<input type="checkbox"/>	Yes, recommend the sponsorship	<input type="checkbox"/> No
Name		<input type="checkbox"/>	Approved Signature :
Designation		<input type="checkbox"/>	Not Approved Date :
		<input type="checkbox"/>	Not Recommended
Remarks			