**INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

**CHECKLIST FOR APPLICATION ATTENDING OVERSEAS CONFERENCE/ SEMINAR/ TRAINING/ WORKSHOP/ VISIT/ DATA COLLECTION**

**Important Note:**

1. For **approval from the Deputy Rector (Academic and Internationalisation)**, kindly submit the completed form including a brochure of the conference, the acceptance of the working paper and the abstract of the project **at least 1 month** from the date of seminar/ conference / workshop/ visit/data collection.
2. For **approval from the Deputy Rector (Responsible Research and Innovation)**, kindly submit the completed form including a brochure of the conference, the acceptance of the working paper and the abstract of the project **at least 3 months** from the date of seminar/ conference / workshop/ visit/data collection.
3. Submission of the outputs must be done within 1 month after the event to the Kulliyyah.
4. Please ensure the following documents are attached with the completed form.

|  |  |  |
| --- | --- | --- |
| **No** | **Items** | **Check List**  **(Please tick)** |
| 1 | Application Form\* |  |
| 2 | Abstract of Paper |  |
| 3 | Full Paper / PowerPoint Presentation |  |
| 4 | Acceptance Letter |  |
| 5 | English (eg. Grammar / Paper Raters) |  |
| 6 | Turnitin |  |
| 7 | Brochure / Pamphlet of Conference |  |
| 8 | Takaful\* |  |
| 9 | Justification to attend, significance of the conference and benefit to staff and department\* |  |
| 10 | MOE Form Lampiran A and Lampiran A1\* |  |
| 11 | Programme Schedule (Visiting Scholar/Mobility/etc.) |  |

\**Application for data collection is required to provide No. 1, 8, 9 and 10 only*

The above items are available. Thank you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

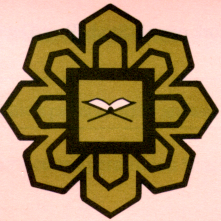
Signature of the Dean of K/C/D/I

Official stamp : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date :

Revision: No. 7

Effective: 10.07.2019

**INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

**APPLICATION FOR FINANCIAL ASSISTANCE AND APPROVAL FOR ATTENDING OVERSEAS CONFERENCES/ SEMINARS/WORKSHOPS/VISITS/DATA COLLECTION**

**FOR IIUM ACADEMIC STAFF**

|  |
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| **PART ONE: ABOUT APPLICANT AND EVENT** |
| **About Applicant** |

|  |  |
| --- | --- |
| 1. Date of Application |  |
| 1. Name of Applicant |  |
| 1. Kulliyyah/Department |  |
| 1. Staff No./ Grade |  |
| 1. I.C. / Passport Number |  |
| 1. Academic Title/Position at IIUM |  |
| 1. E-mail/ Phone No |  |
| 1. Duration of service in IIUM |  |

|  |
| --- |
| **About Event** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Title / Name: |  | | | |
| 1. Date of the event: |  | Country/City: | |  |
| 1. Travel Date | i) Date of departure from Malaysia: | | |  |
|  | ii) Date of Arrival in Malaysia: | | |  |
| 1. Name of Organiser/ Sponsor/ Convener: | | |  | |
| 1. Nature of participation in the event: | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ | Part of MoU outbound activities | ☐ | Chairperson |
| ☐ | Paper presenter | ☐ | Invited speaker |
| ☐ | Participation without any paper | ☐ | Others (eg: Discussant/ Facilitator/ Advisor) |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Date of MoU/MOA signing with IIUM : | |  | |
| 1. Detailed outcomes of the MoU outbound activities: | |  | |
|  |  | |  |

(Please use extra sheet, if space provided is not sufficient)

1. Kindly mention the names of the overseas events you have attended **IN THE LAST TWO YEARS**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Event** | **Place** | **Date/Duration** | | **Sponsorship** | |
| **From** | **To** | **Agency** | **Amount (RM)** |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |

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| **Details of Paper** |

1. **Title of your paper :**

**(*Please provide a copy of the paper or summary / synopsis through the (Head of Department and the Dean of the Kulliyyah)***

|  |
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|  |

1. Has your paper been accepted for presentation in the Conference/Seminar?

Yes ☐ No ☐

***(Please provide a copy of the official letter of acceptance from the organiser)***

|  |
| --- |
| **Financial Implication** |

|  |  |  |  |
| --- | --- | --- | --- |
| Registration fee | RM | Air Fare | RM |
| Travelling Allowance | RM | Others (please specify) | RM |
| Food Allowance | RM | Visa | RM |
| Hotel (with receipts) | RM | Clothing Allowance | RM |
| Travelling Insurance Coverage | RM | Miscellaneous | RM |
| **TOTAL** | | | RM |

1. Which of the following categories of IIUM Financial support are you requesting?

☐ full support, including round-trip air ticket, food and lodging expenses, fees and travelling insurance etc.

☐ round-trip air ticket only

☐ Registration fee only

☐ food and lodging expenses during the Conference/Seminar only

☐ requesting permission to attend only

☐ no financial support

1. Source of Financial support:
   1. ☐ Kulliyyah/Centre/Division/Institute
   2. ☐ Research Management Centre

**Details of the Research Grant**

|  |  |  |  |
| --- | --- | --- | --- |
| Project ID: |  | Project Title: |  |

* 1. ☐ Combination of Grants from K/C/D/I & Research Management Centre

**Details of the Research Grant**

|  |  |  |  |
| --- | --- | --- | --- |
| Project ID: |  | Project Title: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Amount Requested: | ***K/C/D/I (RM)***: |  | ***RMC (RM)***: |  |

* 1. ☐ Sponsored

**Details of Sponsorship**

|  |  |
| --- | --- |
| Name of Sponsor: |  |
|  | |

*(Please attach confirmation letter from the sponsor)*

Type of sponsorship: ☐ Fully sponsored ☐ Partly sponsored

*(Please specify)*

|  |
| --- |
|  |

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| --- |
| **Declaration by Applicant** |

*I hereby affirm that I have read the policies regarding the overseas travel and have complied with all the criteria. I also hereby declare that all information stated above are correct. The University’s approval shall be void if information provided is false.*

Applicant’s Signature: Date:

**Important Notes:**

* ***For approval from the Deputy Rector (Academic and Internationalisation), kindly submit the completed form including a brochure of the conference, the acceptance of the working paper and the abstract of the project at least 1 month from the date of seminar/ conference / workshop/ visit/data collection.***
* ***For approval from the Deputy Rector (Responsible Research and Innovation), kindly submit the completed form including a brochure of the conference, the acceptance of the working paper and the abstract of the project at least 3 months from the date of seminar/ conference / workshop/ visit/data collection.***

|  |
| --- |
| **PART TWO: RECOMMENDATION OF THE RESEARCH MANAGEMENT CENTRE**  *(To be filled if using research grant or combination of grants from K/C/D/I and RMC)* |

1. Availability of fund:

Yes ☐ No ☐

1. Amount of fund requested: RM

Amount of fund approved: RM

**Comments:**

1. Recommendation of the Deputy Director, Research Management Centre:

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **PART THREE: RECOMMENDATION BY DEPARTMENT AND KULLIYYAH** |

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| --- |
| **Evaluation and Recommendation of the Head of Department** |

1. Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Head of Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will the participation of the staff in the event adversely affect regular duties in the Department, such as lectures or examinations? Yes ☐ No ☐

1. Recommendation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | Highly recommended | ☐ | Non-committal |  |
| ☐ | Recommended | ☐ | To attend only |  |
| ☐ | Not recommended |  |  |  |

1. Comments:

(*This should include your evaluation of the quality of the applicant’s paper and the significance of the event to the Department in particular).*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature/Stamp :

Date :

|  |
| --- |
| **Recommendation of the Dean / Director** |

1. Kulliyyah/Centre : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Dean/Director’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Dean/Director’s recommendation:

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ | Highly recommended | ☐ | full financial support by IIUM |
| ☐ | Recommended | ☐ | round-trip air ticket only |
| ☐ | Not Recommended | ☐ | food and lodging expenses during the conference/ seminar only |
| ☐ | Non-committal | ☐ | permission to attend only |

Please provide reasons for your decision:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Will the expenses be covered by the budget of the Department/Kulliyyah? Yes ☐ No ☐

1. Other sources of sponsorship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature/Stamp :

Date :

|  |
| --- |
| **PART FOUR: REQUIRED OUTPUT/ REPORT** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Required Output/ Report** | **Required** | **Submitted** | **Remarks/ Evidence** | |
| 1. | Publication of full paper in indexed Journal/ Letter of acceptance/ Letter of submission to Indexed Journal | ☐ | ☐ |  | |
| 2. | Five international academic contacts | ☐ | ☐ |  | |
| 3. | Five international employer contacts | ☐ | ☐ |  | |
| 4. | Research collaboration/ MOU/ MOA | ☐ | ☐ |  | |
| 5. | Letter of sponsorship detailing out all borne expenses | ☐ | ☐ |  | |
| 6. | Research Grant | ☐ | ☐ |  | |
| 7. | Staff mobility report | ☐ | ☐ |  | |
| 8. | Research report | ☐ | ☐ |  | |
| 9. | Registration with IIUM Entrepreneurship & Consultancies Sdn. Bhd. (IEC) | ☐ | ☐ |  | |
| 10. | Data collection report | ☐ | ☐ |  | |
| 11. | Benchmarking report (visit) | ☐ | ☐ |  | |
| 12. | Site visit report | ☐ | ☐ |  | |
| 13. | Notes of meeting | ☐ | ☐ |  | |
| 14. | Evidence of Awards received | ☐ | ☐ |  | |
| 15. | Evidence of Invited Speaker | ☐ | ☐ |  | |
| 16. | Photos of Activities | ☐ | ☐ |  | |
|  |  |  |  |  | |
| **Recommendation by Deputy Rector (Responsible Research and Innovation) (for application using research grant or combination of grants from K/C/D/I/O and RMC) or**  **Deputy Rector (Academic and Internationalisation) (for other types of application)** | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ | Highly recommended | ☐ | Full financial support by IIUM |
| ☐ | Recommended | ☐ | Round-trip air ticket only |
| ☐ | Not Recommended | ☐ | Food and lodging expenses during the conference only |
| ☐ | Non-Committal | ☐ | Permission to attend only |

**Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature/ Official Stamp : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Submission of the outputs must be done within 1 month after the event to the Kulliyyah.**

|  |
| --- |
| **PART FIVE: RECTOR’S DECISION AND APPROVAL** |

☐ Full financial support by IIUM

☐ Only round-trip air ticket

☐ Only food and lodging expenses during the conference

☐ Permission to attend without sponsorship

☐ Agree

☐ Disagree

**Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature/Stamp : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c.c. Executive Director, Finance Division

Dean/Director of Kulliyyah/Centre/Division/Institute