UNIVERSITI TEKNOLOGI MARA | Institut Pengajian Siswazah

CONFERENCE SUPPORT FUND

APPLICATION REQUIREMENTS / INSTRUCTIONS

1. Please read the instructions in this form carefully before completing it. Failure to adhere to the eligibility requirements and application procedures could lead to the application being rejected.
2. Applicants must be UiTM postgraduate students with an **ACTIVE** status.
3. The allocation amount for CSF is subject to the approval of the Trust Fund Meeting.
4. All applicants are required to submit their application **ONE MONTH** prior to the date of the conference at the latest with the following documents:

i.	Full Paper submitted for presentation;	iii.	Notification of acceptance of the paper; and
ii.	Proof of conference indexing (ISI/ SCOPUS/ WOS/ MyCite);	iv.	Details of conference (i.e., brochure with information on conference fees).

5. Application is subject to funding for presentation of a full paper in the form of a normal presentation or a poster presentation physical or virtual conference.
6. Completed form must be submitted to the address below or email to:

Department of Academic Development, Resources & Students,
Institute of Postgraduate Studies,
Level 4, Bangunan Sarjana,
Universiti Teknologi MARA,
40450 Shah Alam, Selangor, MALAYSIA.

Email: pasp@uitm.edu.my
Phone: 03-5544 4705 / 03-5544 4730

A. APPLICANT'S PARTICULARS

Name:

Student ID: **Programme Code:** **Semester:**

IC No. / Passport No.: **Contact Number:**

Current Address:

Postcode

E-mail:

Have you received IPSis Conference Support Fund in the past? **YES** ☐ **NO** ☐

Reference of IPSis Approval Letter (if applicable): .....

Main Supervisor:

Co-Supervisor:
(if applicable)

Research Title:

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B. CONFERENCE INFORMATIONS

Name of Conference: .....

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Organiser: .....

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Venue of Conference: .....

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Date of Conference: **From:** __ __ / __ __ / 2 0 __ __ **To:** __ __ / __ __ / 2 0 __ __

Registration Fee: R M __ __ __ __ . __ __ **Indexed Publication:** **YES** ☐ **NO** ☐

Title of the Paper: .....

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C. DECLARATIONS

The information I have given in this application is true and correct.

Name:

Signature: **Date:** __ __ / __ __ / 2 0 __ __

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D. SUPERVISOR'S COMMENT *(To be filled by Main Supervisor)*

Name:

Faculty:

Supervisor's Recommendation:
(in terms of the quality of the paper and relevancy)

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Signature	**Date**	**Name and Official Stamp**

E. ENDORSEMENT BY HEAD OF POSTGRADUATE STUDIES FACULTY

☐ **Endorsed**

☐ **Not endorsed**

Comment: .....

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Signature	**Date**	**Name and Official Stamp**

FOR OFFICE USE ONLY

The Committee of the Meeting recommended the following decision on

(Date of committee meeting) | | | / | | | / | 2 | 0 | | |

Results		Comment
Accept	☐	.....
KIV	☐	.....
Reject	☐	.....