

UNIVERSITY COLLEGE OF BAHRAIN

Application for a Conference Support

Important Note:

- Please type; handwritten applications will not be accepted
- If awarded a grant, the applicant must present a report within eight weeks from the end of the project.

Applicant's Information:

Name of the applicant _____ Telephone: _____
 Department/Unit: _____ Rank _____
 E-mail: _____ Contract End Date _____

Date of last conference grant received from UCB: _____

Conference Information:

1. Conference Name:
2. Location:
3. Start and completion dates:
4. Nature of participation (presenting a paper, chairing a session, etc.):
5. Title of paper or presentation:
6. Author(s):
7. Deadlines for submitting the full paper:

Requested Support (See budget preparation):

Registration	Tickets	Accommodation	Visa	Others*	Total

Kindly provide details and supporting documents for the above

*Additional page publication fee etc.

Supporting Documents (to be attached to application):

Please provide the following information. **Incomplete application will be returned to applicant.** If a section is not applicable, please do not leave it blank; write Not Applicable or None as appropriate.

1. **Conference Description:** _____ Yes _____ No (explain)
2. **Letter of acceptance of presentation:** _____ Yes _____ No (explain)



3. **Abstract/Paper attached:** Abstract only Full-length paper None

4. **Importance of the conference:** Write a paragraph about the importance of the conference and why it is important for you to participate in it and how it is beneficial to UCB:

5. **Missing classes expected:** Yes No

If Yes, please describe how the missed classes will be covered:

Important Note: Before submitting the application to your Department for evaluation, please check that the application is complete, and all supporting documents are included.

In particular, does the proposal include:

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| 1. Conference Description | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Letter of acceptance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Importance of conference | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Paper submitted | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Budget justification | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is No, please explain.

Applicant's signature: _____

Date: _____



For Academic Department Use only	
Approved/Not Approved	
Head of the Academic Department	
Name.....	Signature.....
Date:	
For SRC Use Only	
Recommended/Not Recommended	
Chairperson, SRC	
Name.....	Signature
Date:	
For Finance committee Use only	
Budget allocated/ No Budget	
Chairperson, Finance Committee	
Name.....	Signature
Date:	
For President's Use Only	
Approved / Not approved	
President, UCB	
Name.....	Signature
Date:	