

APPLICATION TO ATTEND CONFERENCE / SEMINAR / WORKSHOP / MEETING

PERSONNEL DETAIL

Name:
Staff No: Position:
Department:

APPLICATION DETAILS

Type of Meeting: ☐ Conference ☐ Seminar ☐ Workshop ☐ Meeting
☐ Others. Please specify:

Title of Meeting:

Date from: To: Duration:

Venue:

Organised by:

Financial: **Amount requested:**
☐ Fees RM ☐ Food RM
☐ Traveling RM ☐ Accommodation RM
Total RM
Source:
☐ University ☐ Self-sponsored ☐ Kulliyah Trust Fund ☐ Other (please specify)
☐ Organiser ☐ Medac Sdn. Bhd./MedEx ☐ Department Trust Fund

Signature: Official Stamp:
Date:

RECOMMENDATION BY THE HEAD OF DEPARTMENT

The above application is: ☐ Recommended ☐ Not recommended

Comment (if any):
.....
.....

Signature: Official Stamp:
Date:

APPROVAL BY THE DEAN OF KULLIYAH

The above application is: ☐ Approved ☐ Not approved ☐ To be forwarded for University approval

Comment (if any):
.....
.....

Signature: Official Stamp:
Date: