



# INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

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

### Important Note:

1. The completed form must be submitted at least 1 month before the event/ travelling date.
2. Submission of the outputs must be done within 1 month after the event to the Kulliyah.
3. Please ensure the following documents are attached with the completed form.

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

*\*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. 6  
Effective: 07.03.2019

**INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

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

**PART ONE: ABOUT APPLICANT AND EVENT**

**About Applicant**

1. Date of Application \_\_\_\_\_
2. Name of Applicant \_\_\_\_\_
3. Kulliyah/Department \_\_\_\_\_
4. Staff No./ Grade \_\_\_\_\_
5. I.C. / Passport Number \_\_\_\_\_
6. Academic Title/Position at IIUM \_\_\_\_\_
7. E-mail/ Phone No \_\_\_\_\_
8. Duration of service in IIUM \_\_\_\_\_

**About Event**

1. Title / Name: \_\_\_\_\_
2. Date of the event: \_\_\_\_\_ Country/City: \_\_\_\_\_
3. Travel Date \_\_\_\_\_
  - i) Date of departure from Malaysia: \_\_\_\_\_
  - ii) Date of Arrival in Malaysia: \_\_\_\_\_
4. Name of Organiser/ Sponsor/ Convener: \_\_\_\_\_
5. Nature of participation in the event: \_\_\_\_\_
 

<input type="checkbox"/> Part of MoU outbound activities	<input type="checkbox"/> Chairperson
<input type="checkbox"/> Paper presenter	<input type="checkbox"/> Invited speaker
<input type="checkbox"/> Participation without any paper	<input type="checkbox"/> Others (eg: Discussant/ Facilitator/ Advisor)
6. Date of MoU/MOA signing with IIUM : \_\_\_\_\_
7. Detailed outcomes of the MoU outbound activities: \_\_\_\_\_

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

8. 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)

**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 Kulliyah))*

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2. 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
<b>TOTAL</b>			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

2. Source of Financial support:

- a.  Kulliyah/Centre/Division/Institute
  
- b.  Research Management Centre

**Details of the Research Grant**

Project ID: \_\_\_\_\_ Project Title: \_\_\_\_\_

- c.  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):** \_\_\_\_\_

- d.  Sponsored

**Details of Sponsorship**

Name of Sponsor: \_\_\_\_\_

\_\_\_\_\_  
*(Please attach confirmation letter from the sponsor)*

Type of sponsorship:  Fully sponsored  Partly sponsored  
*(Please specify)*

\_\_\_\_\_

**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 Note:**

- ***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.***

**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

2. Amount of fund requested: RM \_\_\_\_\_

Amount of fund approved: RM \_\_\_\_\_

**Comments:**

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

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

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

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

**PART THREE: RECOMMENDATION BY DEPARTMENT & KULLIYAH**

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

1. Department : \_\_\_\_\_
  2. Head of Department : \_\_\_\_\_
  3. Will the participation of the staff in the event adversely affect regular duties in the Department, such as lectures or examinations? Yes  No
  4. Recommendation:
 

<input type="checkbox"/> Highly recommended	<input type="checkbox"/> Non-committal
<input type="checkbox"/> Recommended	<input type="checkbox"/> To attend only
<input type="checkbox"/> Not recommended	
  5. 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. Kulliyah/Centre : \_\_\_\_\_
  2. Dean/Director's Name : \_\_\_\_\_
  3. Dean/Director's recommendation:
 

<input type="checkbox"/> Highly recommended	<input type="checkbox"/> full financial support by IIUM
<input type="checkbox"/> Recommended	<input type="checkbox"/> round-trip air ticket only
<input type="checkbox"/> Not Recommended	<input type="checkbox"/> food and lodging expenses during the conference/ seminar only
<input type="checkbox"/> Non-committal	<input type="checkbox"/> permission to attend only

Please provide reasons for your decision:  
 \_\_\_\_\_  
 \_\_\_\_\_
  3. Will the expenses be covered by the budget of the Department/Kulliyah? Yes  No
  4. Other sources of sponsorship: \_\_\_\_\_  
 \_\_\_\_\_
- 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 (SCOPUS)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	Five international academic contacts	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	Five international employer contacts	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	Research collaboration/ MOU/ MOA	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	Letter of sponsorship detailing out all borne expenses	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	Research Grant	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	Staff mobility report	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.	Research report	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.	Registration with IIUM Entrepreneurship & Consultancies Sdn. Bhd. (IEC)	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.	Data collection report	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.	Benchmarking report (visit)	<input type="checkbox"/>	<input type="checkbox"/>	_____
12.	Site visit report	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.	Notes of meeting	<input type="checkbox"/>	<input type="checkbox"/>	_____
14.	Evidence of Awards received	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.	Evidence of Invited Speaker	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Recommendation by Deputy Rector (Research & Innovation) (for application using research grant or combination of grants from K/C/D/I/O and RMC) OR  
Deputy Rector (Academic and Industrial Linkages) (for other types of application)**

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

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

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

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

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

**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 Kulliyah/Centre/Division/Institute