



KULLIYAH OF DENTISTRY

**APPLICATION FOR ATTENDING
CONFERENCE / SEMINAR / WORKSHOP / MEETING**

PERSONAL DETAIL

Name : _____
Staff No : _____ Position: _____
Department : _____

APPLICATION DETAIL

Type of Meeting Conference Seminar Committee Meeting Workshop
 Others, please specify _____

Title of Meeting : _____
Date : _____ Duration : _____
Venue : _____
Organised by : _____

Financial : Sponsored By Organizer Self Sponsored Require University Sponsorship
(Will require approval at University level)

If sponsorship required, kindly fill in the following:

Fees RM _____ Accommodation RM _____
 Traveling RM _____ Food RM _____
Total RM _____

Signature : _____
Date : _____

RECOMMENDATION BY HEAD OF DEPARTMENT

The Above application is Highly Recommended Recommended Not Recommended
Comment (if any): _____

Name : _____ Position: _____
Signature : _____ Date : _____
(Official Stamp)

APPROVAL BY DEAN OF KULLIYAH

The above application is Approved Not approved To be forwarded for University clearance

Comment (if any): _____
Signature : _____ Position : _____
Name : _____ Date : _____