Conference Attendance Form

Form #	SR-100-F1	Revision #	01
Accessibility level	A	Effective date	Feb. 10, 2021

Applicant Name:	Date:
Department:	College:

CONFERENCE DETAILS

Conference title:

Acceptance date:

Conference Location and Dates:

Applicant order among authors:

Mention all authors (in order):

1)
2)
3)

ESTIMATED EXPENSES FOR ATTENDING CONFERENCE

ITEM	ESTIMATED COST (SR)
REGISTRATION FEES:	
TRAVEL EXPENSES:	
VISA(S) EXPENSES:	
ACCOMMODATION EXPENSES:	
PER-DIEM (NUMBER OF DAYS X PER DIEM SCALE):	
TOTAL ESTIMATED REIMBURSEMENT REQUEST:	

Applicant's Signature:

Date: _ _ / _ _ / _ _ _ _

Department Chair Recommendation:	Approve: ☐ Reject: ☐

Department Chair Signature :

Date: _ _ / _ _ / _ _ _ _

College Research Committee Recommendation:	Approve: ☐ Reject: ☐

Committee Chair Signature:

Date: _ _ / _ _ / _ _ _ _

Deanship of Scientific Research Council Recommendation:	Approve: ☐ Reject: ☐

Council Chair Signature:

Date: _ _ / _ _ / _ _ _ _

University President Decision:	Approve: ☐ Reject: ☐

President Signature:

Date: _ _ / _ _ / _ _ _ _

Required Attachments: (1) The accepted conference paper, (2) Acceptance letter, and (3) Applicant's CV.