

**APPLICATION FORM FOR UNDERGRADUATE STUDENTS CONFERENCE ATTENDANCE**

*Applications must be submitted to the DR, Undergraduate Research Office, at least (45) forty-five "working" days, prior to the conference dates*

**STUDENT INFORMATION**

|                       |  |                    |                  |
|-----------------------|--|--------------------|------------------|
| <b>Student Name</b>   |  |                    |                  |
|                       | <b>First Name</b>  | <b>Middle Name</b> | <b>Last Name</b> |
|                       | I understand that I will be representative of KFUPM in this conference and I adhere hereby that I will stick to all regulations and policies. In addition, I take full responsibilities for arranging my classes and exams that I may miss during this conference. |                    | <b>Signature</b> |
| <b>Student ID</b>     |  |                    |                  |
| <b>Level</b>          | <input type="checkbox"/> Prep-Year <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior  |                    |                  |
| <b>Department</b>     |  | <b>Nationality</b> |                  |
| <b>KFUPM Email ID</b> |  |                    |                  |

**CONFERENCE DETAILS**

|                               |  |                |                        |                   |                 |
|-------------------------------|--|----------------|------------------------|-------------------|-----------------|
| <b>Name of the Conference</b> |  |                |                        |                   |                 |
| <b>Location</b>               |  |                | Date of the conference |                   |                 |
|                               | <b>City</b>                                | <b>Country</b> |                        | <b>Start Date</b> | <b>End Date</b> |
| <b>Event URL Link</b>         |  |                |                        |                   |                 |
| <b>Basis of Acceptance</b>    | <input type="checkbox"/> Full Length Paper |                |                        |                   |                 |
|                               | <input type="checkbox"/> Only Abstract     |                |                        |                   |                 |
|                               | <input type="checkbox"/> Extended Summary  |                |                        |                   |                 |
|                               | <input type="checkbox"/> NA                |                |                        |                   |                 |



## CHECKLIST

|  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| a) Conference announcement   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b) Conference Paper to be presented  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c) Acceptance from the conference organizers   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d) No objection letters from Co-Authors<br>(Faculty Members, Staff, Students currently<br>affiliated with KFUPM) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

## VERIFICATION

|   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| a) Have you attended/been recommended to attend other conferences(s) during your undergraduate study? If yes, provide the details below | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Details of the previous conferences:  |                          |     |                          |    |
| b) Are you expecting financial support from the sponsor(s)/ other organizations for this conference?                                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c) Have you acknowledged KFUPM support in the paper/project?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d) Has any part of the present work been presented somewhere else?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| PURPOSE OF VISIT  |                          |     |                          |    |
| EXPECTED OUTCOMES   |                          |     |                          |    |



## DEPARTMENT EVALUATION AND RECOMMENDATION

|                     |   |      |  |         |  |           |  |  |
|---------------------|---|------|--|---------|--|-----------|--|--|
| Research Advisor    | I adhere that the student completed the work and presented an effective rehearsal with good communication skills. |      |  |         |  |           |  |  |
|                     | Has the paper been reviewed?  |      |  |         | Does the conference have a proceeding? |           |  |  |
|                     | Name  |      |  |         |  | Signature |  |  |
| Department Chairman | Quality of the conference.  | Poor |  | Average |  | Excellent |  |  |
|                     | Quality of the paper  | Poor |  | Average |  | Excellent |  |  |
|                     | Decision  |      |  |         |  |           |  |  |
|                     | Name  |      |  |         |  | Signature |  |  |
| Dean of the College | Decision  |      |  |         |  |           |  |  |
|                     | Name  |      |  |         |  | Signature |  |  |

## UNDERGRADUATE RESEARCH COMMITTEE EVALUATION & RECOMMENDATION

|                   |          |  |           |  |
|-------------------|----------|--|-----------|--|
| Committee's Chair | Decision |  |           |  |
|                   | Name     |  | Signature |  |