

## APPLICATION FORM POSTGRADUATE CONFERENCE FUND

### APPLICATION REQUIREMENTS/INSTRUCTIONS

1. This application is open to students who have attended or will be attending conference (physical/online) as a presenter for ORAL presentation from 1<sup>st</sup> Jan 2025 to 15<sup>th</sup> October 2025.
2. Applicant must be a registered full-time active research mode postgraduate student of Universiti Sains Malaysia.
3. All applicants are required to submit their application of the conference with the relevant documents: -
  - a. Details of conference (e.g. brochures, pamphlet, details of keynote speakers etc.)
  - b. Offer/Invitation letter from organiser (oral presentation)
  - c. Conference's detail (including fee) for physical/online mode
4. Those already submitted their thesis for examination are not eligible to apply.
5. Please take note that your funding will be cancelled upon submission of your thesis for examination.
6. Maximum funding is MYR 1,000 per student within the candidature, subject to the availability of fund.
7. The official receipt must be submitted to IPS for reimbursement purpose after the conference. **Last date of receipt submission must be before 31<sup>st</sup> October 2025.**
8. The complete application form (with the school dean's endorsement) and the relevant documents must be sent to IPS (Attention to Ms Azulia) at least 3 weeks prior to conference.

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Student Funds & Strategic Networking Unit  
Institute of Postgraduate Studies  
Universiti Sains Malaysia  
11800 USM, Penang, Malaysia

### A. APPLICANT'S PARTICULARS

1. Name:

2. I/C / Passport No.:

3. Email:

4. Registration date:

5. Telephone No. (Mobile phone):

(Lab):

6. Matric no.:

7. School/Centre:

8. Current degree: MSc/PhD

9. Research field:

10. Main supervisor:

11. Co-supervisor (if applicable) :

12. Research title:

B. CURRENT SCHOLARSHIPS/FINANCIAL ASSISTANCE/RESEARCH UNIVERSITY GRANT (if any)	
1. Sponsor	
2. Type	Scholarship / Loan / Scheme / Research University Grant (e.g. USM-RUPRGS)
3. Monthly allowance	
4. Duration	From: ..... To: .....

**C. FOR PAPER PRESENTATION (ORAL) ONLY**

1. Name of conference	
2. Organiser	
3. Venue of conference (City, Country) <i>*please tick one of the boxes</i>	<input type="checkbox"/> Physical *Venue of conference: _____ <input type="checkbox"/> Online Platform

Students who plans to attend the conference in overseas must obtain approval from the Deputy Vice-Chancellor Student Development Affairs and Alumni. The form for obtaining approval from Deputy VC will be given with offer letter.

4. Date of conference	
5. Deadline for registration fee payment	
6. Title of paper for oral presentation:	

7. Conference publication (if known) (Please tick):

Categories	Title / Volume
(a) Peer-Reviewed Journal	
(b) Proceedings with ISBN	
(c) Unreviewed Proceeding / Extended Abstract <i>(if yes, please proceed to Section C.(8))</i>	
(d) No Information	

8. Post Conference Publication

Upon completion of this conference, I plan to

(a) Submit my paper for publication in (state name of journal)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>D. Budget</b> <i>(Please indicate estimated budget for conference/symposium and/or ONLINE course)</i>	
<b>Fee (MYR)</b>	
<b>Registration fee (MYR) (if applicable)</b>	
<b>Total amount (MYR)</b>	

<b>E. DECLARATIONS</b>
I hereby certify that all information given in this application is complete and correct to the best of my knowledge
<p><b>Name:</b></p> <p><b>Signature:</b></p> <p><b>Date:</b></p>

**F. SUPERVISOR'S RECOMMENDATION**

*(To be filled by main supervisor)*

1. Supervisor's name:

2. School/Centre:

3. Applicant's name:

4. Applicant's research area:

5. Post-Conference publication *(please circle)*:

I agree/disagree that this paper can be submitted for publication in a peer-reviewed journal after this conference.

6. Please state: -

(a) Applicant's involvement and ability to conduct research:

\_\_\_\_\_  
\_\_\_\_\_

(b) Potentials of the research area:

\_\_\_\_\_  
\_\_\_\_\_

(c) Relevance of the conference to the applicant's research work (if applicable)

Yes

No

Comment (optional): \_\_\_\_\_

(d) I confirm that the applicant is attending this conference/symposium for

Oral presentation

Poster presentation

(e) Supervisor's recommendation:

Recommended

Not Recommended

Signature:

Official Stamp:

Date:

**G. SCHOOL DEAN/CENTRE DIRECTOR'S ENDORSEMENT**

Endorsed

Not endorsed

**Comment:**

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**Signature:**

**Official Stamp:**

**Date:**