

**SCHOOL OF MATERIALS SCIENCE AND ENGINEERING**  
**CHECKLIST for Local Conference Application**

Name of Applicant and Matric number : \_\_\_\_\_

Name of Supervisor : \_\_\_\_\_

Candidate of : Master of Engineering (**M. Eng**)

Doctor of Philosophy (**Ph.D**)

Year of Candidature : 1<sup>st</sup> year  2<sup>nd</sup> year  3<sup>rd</sup> year  4<sup>th</sup> year

Have you been confirmed for your M.Eng / PhD candidature? Yes  No

Please go through all the items below before you check at the box  provided:

**LOCAL Conference**

- 1) Call for papers or brochure/ official handout on conference.
- 2) Acceptance letter from organiser.
- 3) Paper/ abstract of paper(s).
- 4) Duly completed registration form.

Please indicate below the address of the organiser if it is not reflected in the registration form.

\_\_\_\_\_

Registration fee is/is not subjected to 8% GST?

Amount: \_\_\_\_\_ (No GST)

Amount: \_\_\_\_\_ (GST inclusive)

**NANYANG TECHNOLOGICAL UNIVERSITY  
SCHOOL OF MATERIALS SCIENCE AND ENGINEERING**

**APPLICATION FOR LOCAL CONFERENCE WITH FINANCIAL ASSISTANCE**  
**(FOR \*Ph.D/M.Eng Student)**

**NOTE:**

- 1) Please complete the form and submit it together with the supporting documents as stated on the checklist to the Research & Graduate Office.
- 2) Your application must reach the Research & Graduate Office at least 6 weeks before the commencement of the \*conference, or at least 6 weeks before the date that registration/ other fees need to be paid (if applicable), whichever is the earlier.

<b>PART I: TO BE COMPLETED BY APPLICANT</b>	
Name: (*Mr/ Mrs/ Mdm/ Miss)	Registration No.:
Date of Commencement of *Ph.D/M.Eng Candidature:	*Full Time/Part Time
Contact Number:	
<b><u>APPLICATION FOR LOCAL CONFERENCE</u></b>	
<b><u>Details of Conference</u></b>	
Title:	
Venue:	
Date: from	to
Organised by:	
<u>Details of paper (s) to be presented at conference:</u>	
Title(s):	
1)	
2)	
Name(s) and Division(s) of co-author(s), if it is a joint paper:	
Type of presentation:                      Oral <input type="checkbox"/> Poster <input type="checkbox"/>	
Has paper been accepted for *oral/poster presentation                      Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____ Signature of Applicant	_____ Date

<b>PART II: TO BE COMPLETED BY SUPERVISOR</b>	
Is attendance at conference in any way connected with the student's consultation/ outside work? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please provide details:	
Has the student ever been sponsored by the University or funds provided through the University (e.g Lee Foundation) to attend any overseas or local conference: Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', please provide details	
<b>Financial Assistance</b>	
Please indicate if the student is requesting financial assistance from the University for conference registration (if "No", please indicate whether the registration fee will be met by student's own expenses, the organisers, or student has applied, or will be applying for funds from external sources):	
Conference registration fee of \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> (If "No", please indicate below how expenses will be met)
If financial assistance is to be met from projects funded by NSTB, NCB, PWD or other external bodies, please attach a copy of correspondence on approval obtained, and specify:	
Name of Fund: _____	Account No: _____
I support the grant of financial assistance for conference registration: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Justifications for conference support (Please indicate usefulness of conference to student and the University and comment on the standing of the Conference):	
_____	_____
Name and Signature of Supervisor	Date
<b>PART III: TO BE COMPLETED BY ASSOCIATE CHAIR OF SCHOOL</b>	
(a) I support the grant of financial assistance for conference registration: Yes <input type="checkbox"/> No <input type="checkbox"/>	
(b) The financial assistance will be charged to	
<input type="checkbox"/> Academic Fund	
<input type="checkbox"/> Others, please specify	
Name of Fund: _____	Account No: _____
_____	_____
Signature of Chair	Date