**UNIVERSITY OF SIERRA LEONE**

**APPLICATION FOR CONFERENCE ATTENDANCE GRANT**

1. **APPLICATION**
2. Application

(i)Name:…………………………………………………………………………………………………………

(ii) Appointment held including Dept./Division):…………………………………………………………..

…………………………………………………………………………………………………………………

(iii) College/Institute:………………………………………………………………………………………….

1. Dates and Types of Assistance received from USL over the last three years

………………………………………………………………………………………........................................

……………………………………………………………………………………………………………………

1. Particulars of Conference:

a. Title and Organizers:……………………………………………………......

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

b. Location:………………………………………………………………

c. Duration: From:……………………………To:…………………………………….…..

1. Role at Conference (invitation Letter to be attached)

\*Observer/Participant/Resource Person/Other (i.e.)

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………

5. Title of Paper to be read (Abstract and, if available, evidence of acceptance of Paper to be attached)

……………………………………………………………………………………..…….………………………………………………………………………………………………............................................................

6. Traveling From…………………………………………………………………………………….…...

7. Assistant expected from USL (To be indicated in full)

 Le Cts

(i) Travel (estimated): Air/Sea/Rail…………………

(ii) Conference Fee (excluding Subsistence)………

(iii) Subsistence (i.e. if Paper is to be read)……

 **Total =========**

8. Assistance expected from other source (s):………………………………………………………….

…………………………………………………………………………….………………………………………

9. Any other relevant information:……………………………………………………………………….

……………………………………………………………………………………………………………………

**Date**:…………………………………………… **Signature**:…………………………………..

 \*Please strike out what is not applicable

**Note**: Applications should be received, at the University Secretariat, four weeks before the next

scheduled meeting of the Executive Committee of Senate and not less than eight weeks before the

date of the Conference.

1. **COMMENTS/RECOMMENDATION**

(i)

Date:…………………………………… Signature:……………………………………

 Head of Dept./Division

(ii)

Date:………………………………… Signature:……………………………………

 Faculty Dean

(iii)

Date:………………………………… Signature:……………………………………

 Deputy Vice-Chancellor

10. **SECTION A**

**REGISTRAR’S COMMENTS**

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………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………..

SIGNATURE: ……………………… DATE: ……………………………

**SECTION B**

**DECISION OF THE VICE-CHANCELLOR AND PRINCIPAL**

…………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………….

SIGNATURE: ……………………… DATE: ………………………