

AUTHORISATION FORM

IN CASE OF POSTGRADUATE STUDENTS, A DECLARATION BY SUPERVISOR IS REQUIRED

CONFIRM THAT THIS STAFF MEMBER/STUDENT HAS SUFFICIENT DATA FOR CONFERENCE PRESENTATION YES NO

ARE YOU IN FULL SUPPORT OF THIS STAFF MEMBER/STUDENT APPLICATION? YES NO

LINE MANAGER/SUPERVISOR:

FULL NAME _____ SIGNATURE: _____ DATE: __/__/2018__

IMMEDIATE HEAD OF DEPARTMENT/SUPERVISOR

IN YOUR VIEW, IS THIS A REPUTABLE CONFERENCE? YES NO

IF YES, PLEASE PROVIDE A WRITTEN MOTIVATION HERE IN APPROXIMATELY 250 WORDS

EVALUATION BY IMMEDIATE HEAD OF DEPARTMENT

Criteria	LOW			HIGH		REMARKS
	1	2	3	4	5	
Merit of applicant						
Productivity of candidate						
Level of contribution						
Status of conference/workshop						
Potential value of visit						
Journal publication record						
TOTAL						
Strongly recommended (25-30)	Recommended (19-24)			Not recommended (<18)		

Estimated contribution by the Faculty/Department: _____ Cost Centre: _____

FACULTY RESEARCH COORDINATOR:

FULL NAME _____ SIGNATURE: _____ DATE: __/__/2018__

AUTHORISATION FROM THE DEAN OF FACULTY

DEAN/DIRECTOR:

FULL NAME _____ SIGNATURE: _____ DATE: __/__/2018__

APPLICANT:

FULL NAME _____ SIGNATURE: _____ DATE: __/__/2018__