



UNIVERSITY OF LIMPOPO
APPLICATION FOR INTERNATIONAL/OVERSEAS CONFERENCE TRAVE GRANT

RETURN FORM TO RESEARCH OFFICE: UNIVERSITY OF LIMPOPO

PLEASE NOTE that the approval of this application does not infer approval for leave of absence from the University, a separate application has to be submitted through the correct channels.

A. PARTICULARS OF APPLICANT Staff No.:

1. Full Name (*Prof/Dr/Mr/Mrs/Ms/Miss)
2. Position Held:
3. Discipline: Extension No.:
4. Date of appointment (a) to University
 (b) to present position.....
5. Dates of previous international conference travel awards (if any) from the University over the last 2 years.

6. Publication details of the paper presented at the last conference funded by the University:

B. DETAILS OF CONFERENCE

NB: Please attach a copy of the programme of the conference and proof of internationality.

1. Title of Conference:
2. Organised by:
3. Venue: Country:
4. Duration: From..... to
5. Number of days:
6. Are you officially invited by the organiser to present a paper? **YES/NO**
7. Did you apply to present a paper? **YES/NO** (attach copy of acceptance)
8. Have the organisers accepted your application? **YES/NO/NOT YET**

9. Title of paper or details of other contribution(s):

10. Abstract (Please type in here):

C. ESTIMATED COST OF ATTENDANCE

- 1. Travel**
- 1.1 Airfare Cost R.....
- 1.2 Internal travel to and from conference only (e.g. train or bus) R.....
- 2. Accommodation**
- 2.1 Accommodation Cost R.....
- 2.2 Daily subsistence expenses for a maximum of 14 days:
 Number of days Rate per day: Total: R.....
- 3. Registration Fees** R.....
- TOTAL ESTIMATED COST** R.....

D. GRANT

The University's grant will be either up to a maximum of R10 000 in one year, or R20 000 over two years. Should you choose to exceed R10 000 this year, any balance from R20 000 will fall away next year.

Mark appropriate block(s) with 'X'

R10 000 per year(2 years)		R20 000 once in 2 years	
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The University's contribution is calculated after deducting any external grant.

E. OTHER FINANCIAL SUPPORT AWARDED IN RESPECT OF THIS CONFERENCE:

1. Have you applied for other grants/financial assistance: YES/NO
- Name of the Grant/Financial assistance:
- Amount of the Grant/Financial assistance: R.....
2. If not, please give reason (in brief):
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F. I certify that the above statements are correct and that if I am awarded a grant, I will comply with the relevant regulations governing Overseas Travel Grant.

SIGNATURE OF APPLICANT

DATE

Confidential report by the Head of Department (or Director of the School, if the applicant is the Head of Department).

The report should indicate clearly the applicant's abilities and experience which should be taken into account in assessing the application. Furthermore, it should contain a clear and precise statement as to the consequential benefit to the University.

SIGNATURE: HEAD OF DEPARTMENT

DATE

SIGNATURE: DIRECTOR OF SCHOOL

DATE