UNIVERSITY OF ILORIN CENTRE FOR INTERNATIONAL EDUCATION APPLICATION FORM FOR PERMISSION TO ATTEND LEARNED CONFERENCES (OVERSEAS CONFERENCES)

NOTE: Any misinformation on the part of the applicant will be liable to penalty by the University of Ilorin.

1.	Name of Applicant:				
2.	Depa	Department: Faculty			
3.	E-ma	E-mail address:Phone No:			
4.	File No:Rank:			Rank:	
5.	Present Post of Applicant:				
6.	Date	Date of First Appointment:			
7.	a.	Conference for which	application is	being made:	
	b.	Venue:			
	C.	Duration:	From:	To	
8. a.	Are y	ou presenting a Pape	r?		
b.	Are you invited to present the Paper?				
C.	Has it been accepted?				
9.	Title of Paper:				

10.	Give a list of all documents and correspondences received from the organizers					
	of the conference and a	ttach copies with the applicati	ion form:			
	i					
	ii					
	iii					
11.	Indicate the importance	of the conference to your aca	ademic field:			
12.	What active part are you	u playing in the official prograi	mme of the conference?			
12.						
13.	Will you permally be in t	ha Cauntry where the confere	once will be held or within			
13.		the Country where the conference				
	a reasonable distance of the venue of the conference for another purpose other than this conference including vacation leave?					
	than this conference inc	duding vacation leave?				
	Signature of Applicant	 Date				
NOTE photo entry	: Upon resumption of d copy of the Internationa stamp as proof that you	uty after the trip, you are red I Passport pages that bear I have undertaken the journ ary until compliance.	quired to submit a the immigration exit and ey. Failure to submit this			
111ay a		of Department:				
i -T.		or bepartment.				
	Name	_	Date			

15.	Comments of the Dean of Faculty:					
	 Name	 Signature		Date		
16.	Comments of the Provost (College of Health Sciences)					
	Name	Signature		Date 0020		
	FC	OR CIE OFFICIAL US	E ONLY			
17.	Checklist (Tick as appro	ppriate)				
	i. Presence of Pub	lications on the net	Yes	or No		
	ii. Relevance to Dis	scipline	Yes	or No		
18.	Any other support requi	red from the Universit	y			
19.	Recommendation:					
	Director (Centre for International	Signatu	ure .	Date		
20.	Comments of the Vice-C	Chancellor				
	Signature			Date		