

BENUE STATE UNIVERSITY MAKURDI



CONFERENCE ATTENDANCE SPONSORSHIP FORM

1. Name of Candidate/Staff.....P. No
2. Gender Female Male
3. Date of Birth:Rank
4. Department
5. Faculty
6. Staff Category: Academic Staff Non Academic Staff
7. Conference Detail

Conference	Conference information
	1. Name of Conference organizer..... 2. Date and Duration of Conference..... 3. Venue of Conference..... 4. Conference Contact Person..... 5. Phone and email of Contact person..... 6. Name of Institution hosting the Conference.....

8. Conference budget

Total Cost	Breakdown of Budget (local Conference)
Conference cost (Total).....	1. Conference Registration fee 2. Transportation (Travel and local running)..... Night Allowance..... 3. Other Fee

Total Cost	Breakdown of Budget (international Conference)
Conference cost (Total).....	1. Conference Registration fee
	2. Transportation (Flight).....
	3. Transportation (Local running).....
	4. Hotel Accommodation.....
	5. Feeding
	6. Other fees.....

9. Signature of Staff

.....**Date**.....

10. Checklist of Attached documents

- a) Copy of the conference pamphlet or the call for papers;
- b) Proof of registration fee, if any;
- c) A copy of invitation/letter of acceptance, if any; and
- d) An abstract/the paper submitted or to be submitted
- e) Published article(s) from the last conference sponsored

PLEASE NOTE.

- I. Completed application should reach the Office of the Vice Chancellor two months to the date of the conference.
- II. Staff who are sponsored are expected to submit a comprehensive report of the conference on return to the Vice Chancellor through their Deans.

11. Justification and Recommendation.

Head of Department	Justification
Name.....	
Signature.....	
Date.....	
Dean of Faculty	Justification
Name.....	
Signature.....	
Date.....	

Comments and Signature of Deputy Vice Chancellor Academic.

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Signature of Vice Chancellor.