<table>
<thead>
<tr>
<th>Version No.</th>
<th>Date</th>
<th>Purpose/Changes</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>01/08/2013</td>
<td>First version</td>
<td>Registrar</td>
</tr>
</tbody>
</table>


LAGOS STATE UNIVERSITY, OJO

APPLICATION FORM FOR GRANTS FROM THE TRAINING & DEVELOPMENT VOTE FOR ACADEMIC MEMBERS OF STAFF.

To be completed in TRIPLICATE

To:   The Vice Chancellor
Thro: The Registrar
Thro: Dean
Thro: Head of Department

I wish to apply for Sponsorship by the University from THE LEARNED CONFERENCE VOTE to attend a Conference, the particulars of which are stated below: Copies of the Conference prospectus and letter of invitation are attached herewith.

NAME: …………………………………………………………………………………………………………………
STATUS: …………………………………………………………………………………………………………
SALARY GRADE & LEVEL …………………………………………………………………………………
FACULTY: ………………………………………………………………………………………………………
DEPARTMENT: ………………………………………………………………………………………………
TITLE OF CONFERENCE: …………………………………………………………………………………
CONFERENCE LOCATION (ABUJA/WESTERN STATE/EASTERN STATE NORTHERN STATE) ………………………………………………………………………………………………………
CONFERENCE VENUE: ………………………………………………………………………………………
CONFERENCE DATES: ………………………………………………………………………………………
(Kindly attach all relevant documents in respect of the Conference).
(Please note that in case where accommodation is provided through an advance, it has to be accounted for).

CONFERENCE LAST ATTENDED FOR WHICH UNIVERSITY FINANCIAL ASSISTANT WAS GRANTED:
Title: ……………………………………………………………………………………………………………
Venue: …………………………………………………………………………………………………………
Date: …………………………………………………………………………………………………………
Amount granted (Plus Air Fare) N ………………………………………………………………………
Give Title(s) of papers presented at previous Conference(s) ………………………………………
………………………………………………………………………………………………………………
Are you presenting paper(s)? ……………………………………………………………………………
If yes, state Titles(s) of paper(s) …………………………………………………………………………
(Evidence of Acceptance of Paper(s): by the organizing committee must be attached)
State in What other capacity you are attending the Conference i.e. Member, Chairman, etc:
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
Applicant’s Signature              Date
FINANCIAL ASSISTANCE REQUIRED: (TO BE COMPLETED BY STAFF WELAFRE UNIT)

ITEM: UNIVERSITY APPROVED AMOUNT

(i) Course fee (as advertised) .................................................................

(ii) Course Location (Hotel Expenses, feeding etc)
     (Night Allowance)
     (a) Abuja trip ( ) .................................................................
     (b) Western State trip ( ) .........................................................
     (c) Northern and Eastern State trip ( ) .......................................  

(iii) Incidental/Contingency
     Local Transportation ..............................................................

(iv) Traveling Allowance
     (a) Return Air Ticket
     (b) Road Travel in kilometer ( ) ................................................

(vi) Total Amount Recommended: ....................................................

(vii) Authenticated by the Head, Staff Welfare Unit ..................................

Comments by the Head of Department, especially as regards the financial implication:

..............................................................................................................

..............................................................................................................

Signature Date

Comments by the Dean of Faculty, especially as regards the financial implication:

..............................................................................................................

..............................................................................................................

Signature Date

COMMENTS BY THE BURSAR ON AVAILABILITY OF FUND IN THE CONFERENCE/SEMINAR VOTE
..............................................................................................................

..............................................................................................................

..............................................................................................................

................................................................. .................................................................

Signature Date

REGISTRAR’S RECOMMENDATION TO THE VICE CHANCELLOR
..............................................................................................................

..............................................................................................................

..............................................................................................................

................................................................. .................................................................

Signature Date

COMMENT OF THE VICE CHANCELLOR
..............................................................................................................

..............................................................................................................

..............................................................................................................

................................................................. .................................................................

Signature Date