

## Conference/Workshop Participation Form (Not AOU Funded)

This form must be electronically filled out and sent to the Research Office <u>research.office@aou.edu.om</u> along with an Acceptance/Invitation letter in order to participate in a conference, workshop, or symposium that is either self-funded or project-funded or by invitation (4 weeks before the event date)

Faculty member information:			
Full Name:			
Employee number:			
Name of the Department/Faculty:			
Academic Rank:			
Area of specialization:			
Conference/ workshop information:			
Name of conference/ workshop:			
Web link:			
Type of the conference/ workshop:	□Local □F	Regional	□International
Specialization of the conference			
/workshop:			
Quality of the conference	□Scopus index	□Scopus indexed □ISI indexed	
	□Other index	es, please	specify:
Place of the conference / workshop			
(Country/City):			
Actual dates of the conference /			
workshop:			
Requested leave dates:		Date of starting leave:	
	Date of Return		
	Number of dat		d:
In case it is funded or by invitation,	Self-funded: Y/	/N	
please provide the following			
information (if applicable):	Inviting body:		
	Funding Body:		
	Project Numbe	er:	
	Project Title:		
Your role:	□Attendee	□K€	eynote speaker



	□ Presenter			
Organizer information:				
Type of the Organizing body	□Specialized Association □University / Faculty (please specify): □Other (please specify):			
Reputation in the field (i.e., past				
conferences/workshops) (please also				
provide its web site)				
How are they going to publish your	□Printed/ □Online proceedings			
contribution (if applicable)?	□Printed/ □online Journal			
	Name of the Journal / Impact Factor if any):			
Paper information (if applicable please attach the paper/abstract):				
Paper Title:				
General Field of your paper:				
Specific Field of your paper:				
Brief description for the Methodology:				
Brief description for the Sample:				
Brief description for the Findings:				
Number of references used:				
How do you expect to publish your	□Abstract Only □Extended Summary □Full			
paper?	Paper			
Reflection:				
Please mention how the outcome of the				
conference will be beneficial for you				
personally and for the program/AOU				
Oman in general				

Applicant Signature:

Date:



App	rov	ais

Focal Point Signature (If funded from MoHERI):	
Program Coordinator/HOD:	
Research Director:	
Assistant Rector for Academic Affairs & Research:	