

Supplementary Form (AOU Funded Conference Request)

As of 15/03/2016 this Form is required to be filled electronically and sent to the Research Office research.office@aou.edu.om across with your Abstract/Paper, Acceptance letter, and the Conference Participation Form (10 to 12 weeks before the conference date)

Faculty member information:			
Your Full Name:			
Name of the Department/Faculty:			
Latest degree owned/Date of Award:			
General Field of your study:			
Specific Field of your study:			
In case of Co-Author, please provide	Title/Name:		
the following:	Department/F	aculty:	
	Place of work:		
	Your role in th	e paper:	
Conference information:			
Name of Conference:			
Conference Date:			
Requested leave dates:	Date of starting leave:		
	Date of Return	n to work:	
	Number of da	tes required:	
Web link of the conference:			
Type of the conference:	□National	□International	
Specialization of the conference:			
Place of the conference			
(Country/City)			
Type of presentation:	□Oral	□Poster	□ Online
Organizer information:			
Type of the Organizing body	□Specialized:	Association	
	□Other (pleas	se specify):	
Reputation in the field (i.e. past			
conferences) (please also provide its			
web site)			
How are they going to publish your	□Printed/ □online Journal.		
contribution?			



	Name of the Journal / Impact Factor if any):		
Paper information:			
Paper Title:			
General Filed of your paper:			
Specific Filed 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 Department			
in general			