

Canaanland, Km 10, Idiroko Road, P.M.B.1023, Ota. Ogun State, Nigeria

## INTERNATIONAL CONFERENCE/WORKSHOP SUPPORT APPLICATION FORM

1. Name of Research Cluster: \_\_\_\_\_

2. Number of Accepted Manuscript(s): \_\_\_\_\_

3. Title of Accepted Manuscript(s) for the Conference:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_
- f) \_\_\_\_\_

4. Participant(s) or Applicant(s) Information:

S/N	Names	Cluster Status (PI)/Member	Conference/Workshop Status (A or B)	Designation (CA)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

\*A: To attend; \*\* B: Not to attend; \*\*\*CA = Corresponding Author

5. Title of Conference/Workshop: \_\_\_\_\_

6. CPCI/Scopus/Web of Science status of the Conference (attach printout):  Attached  No Attachment  
*Note:* The policy for funding of publication is separate from conference attendance

7. Conference Venue (City, State & Country): \_\_\_\_\_

8. Expected Date of Commencement & Duration: \_\_\_\_\_

9. State briefly the objectives of the Conference/Workshop:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_
- f) \_\_\_\_\_

10. How many CPCI/Scopus/Web of Science conferences have you been sponsored to attend? \_\_\_\_\_

11. How many of the manuscripts have been published (attach proof): \_\_\_\_\_

12. Expected Contributions at the conference/workshop:

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**Note: You are to submit a detailed report not later than 3 days after the conference/workshop to the CUCRID office.**

13. Indicate your role at the Conference/Workshop and attach evidence e.g. Full manuscript presentation etc.

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14. Type of Manuscript (Please indicate the type of your manuscript by ticking the options below):

- a. Full Length Research Paper     b. Mini Reviews     c. Short Communication   
d. Letters     e. Critical Reviews     f. Technical Reports

15. Type of Presentations:

- a. Oral Presentations     b. Poster Presentations     c. Colloquium   
d. Symposium     e. Workshop/Interactive Presentation

16. Manuscript Title:

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17. Article Processing Charges (APC): Naira \_\_\_\_\_, US Dollars \_\_\_\_\_, Euros \_\_\_\_\_, Pounds \_\_\_\_\_, Yen \_\_\_\_\_, Canadian Dollars \_\_\_\_\_, Others (Specify) \_\_\_\_\_

18. Invoice no: \_\_\_\_\_ (Attach evidence)

19. Budget (Attach Breakdown):

S/N	Description	Days/Nights	Cost	Total Cost
1.	Conference/Workshop Fee			
2.	Publication Fee			
3.	Flight Ticket			
4.	Accommodation			
5.	Transportation			
6.	Feeding			
7.	Others (Specify) _____			
<b>Grand Total Cost</b>				

\*\*\*\*\*Leave cost in foreign currency where applicable

20. Names of the Lead/Corresponding Author (CA):

\_\_\_\_\_  
*Surname first* *Other Names*

E-Mail: \_\_\_\_\_ College: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

21. Attestation: I hereby attest that I am a co-author of the manuscript titled: \_\_\_\_\_  
 \_\_\_\_\_ submitted to CUCRID  
 for conference/workshop support. Therefore, my co-author and I take full responsibility for the content of the  
 manuscript.

S/N	Names	Email	Affiliation(s) (Dept. & University)	Sign
1.				
2.				
3.				
4.				
5.				
6.				
7.				

\*\*\*\*Corresponding Author and Co-Author(s) must fill & sign the above table or Letter of Attestation will do for external co-authors

22. Recommendation by Cluster Head/Head of Dept/College Dean: \_\_\_\_\_

Names: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

23. Recommendation by Director CUCRID: \_\_\_\_\_

Names: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

24. Vice Chancellor's Approval: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

25. Action by Director, Financial Services: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Support Grant No.: \_\_\_\_\_

Names: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Financial Services: This page containing the disbursed sum and grant number should be sent to CUCRID for documentation (copy needed)

## RESEACHER'S UNDERTAKING

Lead or Corresponding Author's/Researcher's Names:

*Surname*

*Other Names*

Title of Article/Paper/Manuscript: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Dept./Unit/Resource: \_\_\_\_\_ College: \_\_\_\_\_

I hereby undertake and agree on behalf of myself and my co-researcher(s) (if any), that:

- The manuscript submitted is my/our own original work;
- All researchers/authors participated in the research work in a substantive way and are prepared to take public/legal responsibility for the work;
- All researchers/authors have seen and approved the manuscript as submitted;
- The manuscript has not been published and is not being submitted or considered for publication elsewhere;
- That there is no conflict of interest with any person/group of persons/institution;
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- All works by others used in any form in the preparation of the manuscript have been duly referenced;
- All legal consents/ approvals have been obtained prior to submission of the manuscript;
- The author(s) acknowledge the financial and moral contributions of Covenant University to the research and/or payment for APCs on the published article where applicable.

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Names: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_