

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

LOCAL 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. Attach CPCI/Scopus/Web of Science status of the Conference (if applicable): 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. Have you been sponsored for a local conference this session (Yes or No)? _____. If Yes, how many? _____

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

12. Expected Contributions at the conference/workshop:

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.

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:

17. Article Processing Charges (APC): Naira _____, US Dollars _____, Euros _____, Pounds _____, 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. | Local Flight Ticket | | | |
| 4. | Accommodation | | | |
| 5. | Local Transportation | | | |
| 6. | Feeding | | | |
| 7. | Others (<i>Specify</i>) _____ | | | |
| Grand Total Cost | | | | |

*****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 | Name | Email | Affiliation(s) (Dept. & University) | Sign |
|-----|------|-------|--|------|
| 1. | | | | |
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****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: _____

Name: _____ Signature: _____ Date: _____

23. Recommendation by Director CUCRID: _____

Name: _____ Signature: _____ Date: _____

24. Vice Chancellor's Approval: _____

Signature: _____ Date: _____

25. Action by Director, Financial Services: _____

Signature: _____ Date: _____

*Support Grant No.: _____

Name: _____ Signature: _____ Date: _____

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

RESEARCHER'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;
- The text, illustrations, data, charts, diagrams, tables etc. and any other materials included in the manuscript do not infringe upon any existing copyright or other rights of anyone;
- If found any copyright content or any issue related to copyright in future have rights to withdraw the paper without prior notice to authors;
- 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:** _____