

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	Name	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) \_\_\_\_\_



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.				
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: \_\_\_\_\_

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 Name:**

*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;
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