RAK Medical & Health Sciences University





Student Application Form for Conference Attendance

Please complete this form carefully. Ensure all required sections are filled, and submit it along with the necessary attachments through the proper channels.

Student information				
Name of Student:				
ID No.:				
Year/Semester:				
College (tick one):	□ RAKCOMS □ RAKCODS □ RAKCOP □ RAKCON			
Email:				
Research Presentation Information				
Title of Presentation:				
Name of Supervisor:				
College REC/HEC/AEC Approval No:				
Are you a co-author in any national/international conference?	☐ Yes ☐ No			
If Yes, provide details:				
Conference Details				
Name of Conference:				
Organizer Info:				
Location (tick one):	□ Local □ Regional □ International			
Place:				
Scheduled Dates (From - To):				

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جامعة رأس الخيمة للطب والعلوم الصحية

Total Number of Days:				
Representing RAKMHSU as:	☐ Oral Paper Presenter ☐ Poster Presenter ☐			
	Guest Speaker □ Delegate □ Other:			
Required Attachments and Approvals				
Abstract attached (structured format):	☐ Yes ☐ No ☐ Not applicable			
Conference details and acceptance letter:	□ Yes □ No			
Scientific content pre- approved by Student Research Board?	□ Yes □ No			
Have you faced any disciplinary action?	☐ Yes ☐ No			
Budget and Travel Request				
Registration Fee (in AED):				
Visa Fee (in AED):				
Flight Ticket (in AED):				
Accommodation (max as per policy):				
Poster Printing (in AED, max as per policy):				
Other Expenses (if any):				
Approximate Grand Total (in AED):				

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Previous Conference Participation

Previous Conference Attended (tick one):	□ Local □ Regional □ International □ None			
Date:				
Conference Details:				
Post-Conference Summary				
Brief Overview of Conference:				
Major Activities				
Conducted:				
Expected Benefits and Achievements:				
Attachments (tick if included):	□ Conference Attendance Certificate □ Bills for Reimbursement			

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Approvals and Recommendations

Authorized Signatories	Pre-conference approvals	Post Conference approvals
Faculty Supervisor	Name/Signature:	Name/Signature:
	Date:	Date:
Head/Chairperson of Department (HOD)	Signature:	Signature:
	Date:	Date:
Dean	Signature:	Signature:
	Date:	Date:
Student Research Board Chairperson	Signature:	Signature:
	Date:	Date:
VP – Research and PG Studies	Signature:	Signature:
	Date:	Date:
VP - Academics	Signature:	Signature:
Dunidant (For International	Date:	Date:
President (For International Conferences)	Signature:	Signature:
	Date:	Date: