

ERDT APPLICATION FOR FACULTY RESEARCH DISSEMINATION GRANT

Family Name (Surname)	First Name		Middle Name
Department/ Institute	Rank Designation	Con	tact
		Home:	
Name of ERDT Advisee		Mobile:	
		E-mail:	
		-	
CONFERENCE: Paper Pos	ster 🔲	JOURNAL PUBL	ICATION:
Name of Conference:		Name of Journal:	
			
Title of Paper/ Poster:		Title of Paper:	
	·		
		Peer Reviewed:	
Presenting Author: Yes No		Peer Reviewed:	
		Yes	No
Date:			
Venue:		Cost of Publicat	ion:
			
			
Amount Requested:			
Ple	ase Attach The Follow	ing Documents:	
	 Cover letter Letter of Invitation or A 	ccentance Letter	
	3. Abstract of Paper	sceptance Letter	
	4. Line Item Budget (attacl	n 3 canvasses of roun	trip airfare)
	5. Itinerary of Travel		
	6. Co-author/s consent for7. Certification as Adviser		Graduate office)
	8. *If the application is app	•	•
	6.1		
Date and Time of Arrival in the count Date and Time of Departure in the co		-	
Date and Time of Departure in the co	ditiry of destination		
	Requeste	d by:	
Date:			
	Signature	of Applicant	
	_		
	Endorsed	by:	
Date:	Endorsed	by:	