



ACADEMIC-RELATED TRAVEL / LEAVE APPLICATION FORM

Notes:

1. This form is used to apply leave or travel for academic-related events such as research, conferences, industry visits, etc.
2. The form should be submitted along with supporting document(s) to the Academic Affairs Office **30 days** ahead of leaving. (Please refer to the *Research Travel and Conference Participation Support Guidelines for the checklist of required documents*. <https://www.xmu.edu.my/18054/list.htm>)
3. The Lecturer Class Replacement Application Form must be attached if any classes will be affected.

SECTION I: APPLICANT DETAILS

Category <i>Please tick (x) all that apply</i>	<input type="checkbox"/> Academic Staff	<input type="checkbox"/> Admin Staff	<input type="checkbox"/> Research Staff	<input type="checkbox"/> Others: _____
	<input type="checkbox"/> Principal Investigator	<input type="checkbox"/> Project Member	<input type="checkbox"/> Student	<input type="checkbox"/> GRA <input type="checkbox"/> URA
Name			Designation	
Department			Campus ID	
Institution	<i>(applicable to non-XMUM member only)</i>		Office No.	
Email Address			Contact No.	

SECTION II: EVENT DETAILS

Event Type	<input type="checkbox"/> Conference	<input type="checkbox"/> Seminar	<input type="checkbox"/> Meeting	<input type="checkbox"/> Others / Purpose: _____
	<input type="checkbox"/> Training	<input type="checkbox"/> Workshop	<input type="checkbox"/> Send Sample for	_____
	<input type="checkbox"/> Visitation	<input type="checkbox"/> Fieldwork	Analysis	_____
Event Name				
Organiser				
Event Date	From DD / MM / YYYY To DD / MM / YYYY			
Event Venue				<input type="checkbox"/> Malaysia <input type="checkbox"/> Overseas
Event Level	<input type="checkbox"/> National <input type="checkbox"/> International	Attachment(s): <input type="checkbox"/> Invitation Letter / Acceptance Letter <input type="checkbox"/> Abstract of Paper with XMUM Affiliation <input type="checkbox"/> Tentative Itinerary <input type="checkbox"/> Brochure / Flyer <input type="checkbox"/> Industrial Visit Document <input type="checkbox"/> Approved Proposal <input type="checkbox"/> Latest Grant Expense Report <input type="checkbox"/> Others: _____		
Event Mode	<input type="checkbox"/> Physical <input type="checkbox"/> Online / Virtual			
Presentation Type <i>(if applicable)</i>	<input type="checkbox"/> Keynote Speaker <input type="checkbox"/> Invited Speaker <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Poster Presentation			

SECTION III: ACADEMIC LEAVE APPLICATION AND CLASS REPLACEMENT

Leave Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(please attach with Lecturer Class Replacement Application Form)</i>
Leave Period	From DD / MM / YYYY To DD / MM / YYYY	
Total No. of Days		

SECTION IV: BUDGET ESTIMATION			
No.	Item and Description (if applicable)		Amount (RM)
1	Registration Fees (V29000)		
2	Transportation (V21000)		
3	Accommodation (V21000)		
4	Meals (V21000)		
5	Others (please specify):		
*Please attach appendix if the space is insufficient			Total Amount (RM)
Source of Support (Note: overseas travel under FRGS is permitted for presenting research results at international conferences only)	<input type="checkbox"/> University	Research Grant Name	(i.e. Xiamen University Malaysia Research Fund or FRGS, etc.). *For research grant ONLY
	<input type="checkbox"/> School / Department		
	<input type="checkbox"/> Self-Funded		
	<input type="checkbox"/> Research Grant		
	Research Project Title: _____ _____ _____ _____		
	Grant Number (full reference code)	(i.e. XMUMRF/2024-C13/IENG/0000 or FRGS/1/2017/STG01/XMU/01/1)	
	Grant Number	(i.e. IENG/0000 or EENG/0000, etc.)	
	Project Duration	DD/MM/YYYY – DD/MM/YYYY (years months)	
	Others (please specify): _____	Principal Investigator	

SECTION V: ELIGIBILITY FOR ATTENDING INTERNATIONAL CONFERENCE (applicable to FRGS overseas travel only)								
Publications Please tick (x) if the criteria have been met, as well as list and attach the full publications.	Science and Technology				Social Sciences			
	For staff <u>under 5 years</u> of service:				For staff <u>under 5 years</u> of service:			
	<input type="checkbox"/> 2 articles in Scopus-indexed journals; or <input type="checkbox"/> 2 chapters in research book(s); or <input type="checkbox"/> 1 research book				<input type="checkbox"/> 2 refereed journal articles; or <input type="checkbox"/> 2 chapters in research book(s); or <input type="checkbox"/> 1 research book			
	For staff <u>over 5 years</u> of service:				For staff <u>over 5 years</u> of service:			
	<input type="checkbox"/> 5 Scopus- or WoS-indexed publications in the last 3 years; or <input type="checkbox"/> 5 chapters in research book(s); or <input type="checkbox"/> 2 research books				<input type="checkbox"/> 5 refereed publications in the last 3 years; or <input type="checkbox"/> 5 chapters in research book(s); or <input type="checkbox"/> 2 research books			
List of Publications (please attach appendix if the space is insufficient)								
No.	Title of Publication	Year	Journal Name	Publication Type ¹	Indexing Body ²	Quartile ³	DOI	RPC ⁴
1								
2								
3								
4								
5								
Note: ¹ Article / Chapter in Research Book / Research Book ³ If indexed in WoS ² WoS / Scopus / Others ⁴ To be verified and filled by the RPC (Y/N)								

SECTION VI: DETAILS OF PRESENTATION <i>(applicable to conference only)</i>		
Title of Accepted Paper		
Publication of Accepted Paper <i>(applicable to FRGS only)</i>	Journal Name	
	Indexing Body <i>(please attach proof of indexing)</i>	<input type="checkbox"/> WoS <input type="checkbox"/> Scopus <input type="checkbox"/> Others: _____

SECTION VII: SUBMISSION AND ACKNOWLEDGEMENT	
Applicant	Principal Investigator (PI) <i>(applicable if the applicant is not the PI)</i>
I hereby acknowledge that the information above is correct. Signature : _____ Name / : _____ Official Stamp Date : _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Comment(s): Signature : _____ Name / : _____ Official Stamp Date : _____
Research and Postgraduate Centre <i>(applicable if related to research grant)</i>	
<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed	Signature : _____ Name, Date : _____

SECTION VIII: RECOMMENDATION AND APPROVAL	
School / Department Management	Academic Affairs Office / Postgraduate Studies
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended Comment(s): Signature : _____ Name / : _____ Official Stamp Date : _____	Verification Remark(s): Signature : _____ Name / : _____ Official Stamp Date : _____
Research and Postgraduate Centre	President / Vice President
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Comment(s): Signature : _____ Name / : _____ Official Stamp Date : _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Comment(s): Signature : _____ Name / : _____ Official Stamp Date : _____