APPLICANT DETAILS

Name	Hum Yan Chai		
Designation	Associate Professor	Office Tel No	-
Staff No	16072	H/phone No	0164377906
Faculty/Division/Dept	LKCFES/ DMBE	Email	humyc@utar.edu.my
Employment Date	04/2016	Contract expiry date (if applicable)	

DETAILS OF EXTERNAL RESEARCH GRANT
(Applicable to staff with provision(s) in approved External Research Grant for training)

Name of Principal Investigator			
Project Title		Name of Grant	
Project No		UTAR Vote No	
No. of Training with this Grant prior to this Application *(please list down the conferences attended in Training History below)*			

EXTERNAL TRAINING DESCRIPTION

Type of Training

	Training	1	Course		Workshop		Seminar

	Others (please specify)	

Name of Training Programme	Coursera Plus Subscription (including Claude Code course, Claude Code: Software Engineering with Generative AI Agents, Developing with GitHub Copilot and VS Code,Intro to Model Context Protocol (MCP))(US). Udemy (Claude Code Crash Course, Claude Code: Building Faster with AI, from prototype to Prod, Claude Code Beginner to Pro: Agentic Coding for Developers)(US). 3. Vibe Coding Bootcamp by Luka (Taiwan).		
Date	01 December 2025	Duration	1 month
Organiser	Coursera		
Venue	Online	Distance of training location from UTAR	NA

State the relevance of the training to your faculty/division/unit's needs and/or objectives
Suggested by Dean to take the course to equip the skill to design courses later for University.

State the reasons for the training to be held overseas (if applicable)
Oversea courses. locally attend remotely.

For application for External Research Grant sponsorship, please state the name of the attendee if application is made by Principal Investigator for attendance by non-UTAR staff.

Name of Attendee	

TRAINING HISTORY (Please state in detail the latest overseas training/conference you had attended)			
Name of Conference/Training Programme	**Date & Venue**	**Title of Paper (if applicable)**	**UTAR Sponsorship Amount/Total Expenses from External Research Grant**
-	-	-	-

SPONSORSHIP REQUIRED			
Item	**UTAR Sponsorship**	**Funding from External Research Grant**	**Funding from other Sources (please specify)**
Registration fee (____1____ xRM __1619.40__)	RM Coursera (USD 249) (RM 1070.7)(1USD -RM4.3) Udemy (RM300 for 6 months) Luka Vibe Coding Bootcamp (NT1880 ~RM248.70)	RM	RM
Accommodation RM_____x _____nights	RM	RM	RM
Subsistence Allowance RM_____x _____ days	RM	RM	RM
Airfare	RM	RM	RM
Local Transport	RM	RM	RM
Others (please specify) API Tokens expenses for designing and executing practical projects.	USD 850 (RM 3655)(1USD -RM4.3)		
TOTAL AMOUNT	**RM** 5274.40	**RM**	**RM**
Training leave Please specify the dates	No. of days : __-_____ From __-_____ to __-_____		

* Please indicate whether or not a visa is needed to attend the training.   ~~Yes~~ / No

NOTE :

The staff member shall be responsible to obtain the visa to travel for the training. If the staff member could not obtain the visa, he/ she has to repay the university all expenses and penalty in respect of obtaining the visa.

Please note that amount reimbursed shall be based on actual costs on presentation of receipts and subject to policy guidelines.
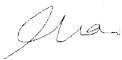
CHECKLIST & CERTIFICATION

I have duly completed this application form and attached the required supporting documents as follows:

No	Item	Tick (√) where appropriate
1	Training Brochure (i.e. information on date, venue, course contents, registration fee)	☑
2	Trainer's Biodata	☐
3	Quotation for Airfare (if applicable)	☐
4	Quotation for hotel accommodation (if applicable)	☐

I hereby confirm that the information supplied in this application is true and correct to my best knowledge. I declare that I understand that non-compliance with the terms of the Policy may affect my application for sponsorship to attend overseas training.

22/11/2025

_____   _____

Applicant's Signature   Date

FUNDING FROM EXTERNAL RESEARCH GRANT

Supported by   Supported by

_____   _____

Principal Investigator   Dean/Director
Name: Name:
Date: Date:

For funding solely from the External Research Grant, it is not necessary to complete the Assessment for Overseas Training Sponsorship.

Verification by IPSR on budget available from External Research Grant for this training

	Item	Amount
1.	Registration Fee (_____x RM_____)	
2.	Accommodation (_____ x _____nights)	
3.	Subsistence Allowance (_____ x _____ days)	
4.	Airfare	
5.	Local Transport	
6.	Others	
	Total Amount	

_____   _____

Director, IPSR   Date
Name:

DHR-TD/khoosh

This section is to be completed by the Head and Dean/Director

ASSESSMENT GUIDELINE FOR OVERSEAS TRAINING SPONSORSHIP

PLEASE CIRCLE THE RELEVANT SCORE POINT/RESPONSE

No.	Items	Score Points	
		HOD	Dean
	First time attending overseas training/conference in the fiscal year	YES/NO	
1.	**External funding to attend the training applied** *(cost incurred by expatriate staff is not claimable from HRD Corp)*		
	More than 80% of the total cost requested is externally funded/claimable from HRD Corp	3	3
	50 - 80% of the total cost requested is externally funded/claimable from HRD Corp	2	2
	Less than 50% of the total cost requested is externally funded/claimable from HRD Corp	1	1
	No sponsorship/not claimable from HRD Corp	0	0
2	**Applicant's Performance** (*based on latest Performance Rating for staff with Annual Performance Appraisal*)		
	Excellent	3	3
	Exceeds Expectation	2	2
	Meets Expectation	1	1
	Needs Improvement/Unacceptable	0	0
3.	**Training Needs**		
	Training required by government/accreditation bodies	3	3
	Training required by University	2	2
	Training required by Division/Department	1	1
	Not required	0	0
4.	**Similar training available locally or at UTAR**		
	No	1	1
	Yes	0	0
5.	Merit/awards/honours/cost saving achieved in the past one year	YES/NO	
	If YES, please specify:		
6.	*Expected Output and further actions after training. Please specify:		
7.	*Justification by Head. (*You may use a separate sheet if necessary.*)	*Comments by Dean/Director. (*You may use a separate sheet if necessary.*)	
	Total Score Points		
	Average Total Score Point [(HOD + Dean)/2]		
	% of Sponsorship for Overseas Training		

*** *Compulsory field***

(Please tick (√)
Evaluated and □ Supported □ Not Supported   Evaluated and □ Supported □ Not Supported

_____   _____
Signature of Head   Signature of Dean/Director
Name: Name:
Date: Date:

VERIFICATION BY DIVISION OF HUMAN RESOURCE

First time applicant for Overseas Conference/Training for Year	Yes/No
Assessment Score Point	
% of Sponsorship	
Sponsorship Amount Registration Fee Accommodation Subsistence Allowance Airfare Others : Local transport Visa	(RM)
Total Amount	
Training Leave	No. of days: Dates:

Processed by   *Verified by*

_____   _____

Signature of Officer-in charge   Signature of Officer-in charge

Name :   Name:

Date: Date:

RECOMMENDATION BY STAFF DEVELOPMENT COMMITTEE

% of Sponsorship Recommended	
Sponsorship Amount Recommended	
Sponsored Training Leave Recommended	

□ Refer to Minutes of _____Staff Development Committee Meeting, MIN _____

□ By circulation (see Circular _____ attached)

_____   _____

Signature of Chairman   Date

Name

APPROVAL BY PRESIDENT

☐   Application is approved   ☐   Application is **NOT** approved

_____   _____

Signature of President   Date