SHAW COLLEGE THE CHINESE UNIVERSITY OF HONG KONG

My academic leave has been approved by the Faculty / Office concerned					
Telephone: Email: Details of Conference Name of Conference: Date: From		. / Ms. / Mrs.)		Staff ID:	
Telephone: Email: Details of Conference Name of Conference: Date: From	Department:			Post:	
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From	Name of Conference:				
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My academic leave has been approved by the Faculty / Office concerned	Location		(Citv)		(Co
Estimated Cost Support from other source(s) Amount require this application fee CUHK Department	Details of paper(s)/poplease provide docum	oster(s) to be p nentary evident	resented	·	Yes 🗆 No
Estimated Cost Support from other source(s) Amount require in this application fee CUHK Department	Details of paper(s)/poplease provide docum	pster(s) to be pentary evident of the poster	resented	·	Yes 🗆 No
Registration fee	Details of paper(s)/poplease provide docum	pster(s) to be pentary evident of the poster	resented	·	Yes 🗆 No
Registration fee	Details of paper(s)/poplease provide document To present: Title of paper(s)/poster	pster(s) to be perentary evident are poster er(s):	eresented and abstrac	t of paper)	Yes 🗆 No
Travel	Details of paper(s)/poplease provide document To present: Title of paper(s)/posterestimate of expenses	pster(s) to be pentary evident are poster er(s): s (please provides) Estimated	e document	t of paper)	Amount requ
Accommodation	Details of paper(s)/poplease provide document To present: Title of paper(s)/posterestimate of expenses	pster(s) to be pentary evident are poster er(s): s (please provides) Estimated	e document	t of paper) cary evidence) ort from other source(s)	Amount requ
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TOTAL COMMITTIES WORK OF COMPT. AUV	risor / judge in activity, etc.) (mm/yyyy)
(0.9. 0.0	(min/yyyy)
. Declaration	eet he hold during the last 4 months of my appointment in
 (a) I declare that the conference will reference the University (except for retirement) (b) I have completed <u>ALL</u> parts in the 	,
Signature:	Date:
For Office Use Only)	
• •	sistant lecture/research associate) or above □ Yes □ No
Full-time teaching staff of eligible rank (as	·
Full-time teaching staff of eligible rank (as Date of affiliation to Shaw College:	(dd/mm/yyyy)
Full-time teaching staff of eligible rank (as Date of affiliation to Shaw College: This is the (1st, 2nd)	(dd/mm/yyyy)
Full-time teaching staff of eligible rank (as Date of affiliation to Shaw College: This is the (1st , 2nd) Last conference grant received from Shaw	application from the applicant
Full-time teaching staff of eligible rank (as Date of affiliation to Shaw College: This is the (1st , 2nd) Last conference grant received from Shaw	application from the applicant w College: 1 st / 2 nd round of (academic year) meeting / postal vote dated:
Full-time teaching staff of eligible rank (as Date of affiliation to Shaw College: This is the (1st , 2nd) Last conference grant received from Shaw Decision of Conference Grant Committee	application from the applicant w College: 1 st / 2 nd round of (academic year) meeting / postal vote dated:

May 2024