

Please read the application process prior to filling this form .
Soft copies of all applications and relevant documents must be submitted to
research@apicollege.edu.au

Student Details:	
Student ID:	
First Name:	Last Name:
Phone Number:	Email:

Course Enrollment:

Enrollment Status: _____ **If completed indicate year:** _____

ABSTRACT DETAILS

Supervisor's Name: _____ **Supervisor's Campus:** _____

I confirm I have consulted with my supervisor regarding the presentation and have prepared an abstract, together with my supervisor, according to the requirements of the conference.

I confirm I have submitted an abstract which has been accepted and is attached to this application.

CONFERENCE DETAILS

Conference Name: _____

Conference Dates: From _____ **To** _____

Conference Address: _____

Costs

Cost of registration for day of presentation (student rate/early bird if possible):	
Estimated cost of airfare (if applicable):	
Estimated cost of accommodation (if applicable)	
Total Estimated Cost (AUD\$)	

DECLARATION AND SIGNATURE

I declare that the information provided in my application for APIC Student Conference Scheme is true and accurate and that I have read the application process and the terms and conditions for the submission.

Student Signature: <i>not required if submission is emailed.</i>	Date submitted:
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Completed applications should be submitted to research@apiccollege.edu.au .

Or Click to Send Button

For office use only	
<u>Approval by APIC Chair of Research and Scholarship Committee</u>	<u>Approval by Dean and Director of Learning and Teaching</u>
Signature:	Signature:
Print name:	Print name:
Date:	Date:

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