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
Download the form, fill and submit

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$)	

Sydney Campus
Level 2, 55 Regent St,
Sydney, NSW 2000
Ph: +61 2 9318 8111

Melbourne Campus
Level 7, 399 Lonsdale St
Melbourne, VIC 3000
Ph: +61 3 9603 5333

www.apicollege.edu.au
info@eca.edu.au
CRICOS: 03048D

DECLARATION AND SIGNATURE

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

Student Signature:	Date submitted:
not required if submission is emailed.	

Completed applications should be submitted to research@apicollege.edu.au .

Or Click to Send Button

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