



UNDERGRADUATE CONFERENCE PRESENTATION FUND APPLICATION FORM (UCP-02-2026)

- (a) Before completing this form, applicants are expected to first read and understand the [regulations](#) of the Undergraduate Conference Presentation and Publication Award Fund.
- (b) This application must be completed and submitted [electronically](#).
- (c) There are 7 sections and 8 pages in this application form. Ensure that all sections of the form are completed. **NB: Applications that do not adhere to word count limitations may be rejected.**
- (d) In addition to this completed application form, the following supporting documents or copies of these documents should be attached to the application as appendices, **in PDF format**, marked as follows:
- Appendix A:** **Proof of registration** for an undergraduate degree with the Faculty of Medicine and Health Sciences.
- Appendix B:** **Ethics approval letter** from the Health Research Ethics Committee (HREC).
- Appendix C:** The **official announcement, advertisement or invitation** of the conference.
- Appendix D:** The draft or final **conference programme** (*if the programme is not yet available, this should be mentioned on the Checklist. The programme should be submitted as soon as it becomes available*).
- Appendix E:** **Proof of acceptance** of the submitted abstract for a poster or oral presentation at the conference (*if proof of acceptance is not yet available, this should be mentioned on the Checklist. Proof of acceptance must be submitted as soon as it is received from the conference organisers*).
- Appendix F:** Written **proof of conference registration fees** payable (not proof of payment).
- (e) All applicants are required to obtain electronic sign off from their primary supervisors *prior* to submitting their applications (section 7).
- (f) **NOTE: Applications should be submitted BEFORE a conference takes place. No ex post facto applications will be considered.**
- (g) There are two calls for applications during the year, closing **1 May** and **1 November** annually, provided that a call is officially announced.
- (h) If successful, applicants will be required to submit a progress report within 1 month after the conference. Successful applicants may also be requested to make themselves and/or their group members available for a short video speaking about their *experience* of doing research, which may be posted on the Undergraduate Research Unit website.

UNDERGRADUATE CONFERENCE PRESENTATION FUND APPLICATION FORM (UCP-02-2026)

CHECKLIST & MOTIVATION

| | | | |
|--------------|--|------------------------|--|
| Name: | | Student number: | |
|--------------|--|------------------------|--|

Please indicate that you have submitted all the required documentation together with this application:

| Application requirements | Yes/No | If no, please explain |
|---|--------|-----------------------|
| SIGNED application form | | |
| Appendix A: Proof of registration | | |
| Appendix B: Ethics approval letter | | |
| Appendix C: Official announcement | | |
| Appendix D: Conference programme | | |
| Appendix E: Proof of acceptance | | |
| Appendix F: Proof of fees payable | | |

Please save and **submit this application form and all relevant attachments as ONE PDF DOCUMENT** to Ms Inge Sonn at ingeks@sun.ac.za.

Please provide a **motivation** for why you wish to receive support from the Undergraduate Conference Presentation Fund to present your research (**maximum 300 words**).

This should include:

1. a motivation for why you are requesting / in need of financial support, and
2. a motivation regarding the value of presenting this particular research at this particular conference

SECTION 1: APPLICANT DETAILS

| | | | |
|--|--------------------------------------|--|--|
| SURNAME | | FIRST NAME | |
| DEGREE | | STUDENT NUMBER | |
| YEAR OF REGISTRATION (e.g. 2 nd , 3 rd , 4 th) | | | |
| DIVISION / CENTRE | | | |
| DEPARTMENT | | | |
| GENDER (for reporting) | | | |
| RACE (for reporting) | | | |
| DISABILITY | | | |
| DATE OF BIRTH | | | |
| LANDLINE NUMBER: | CELL PHONE NUMBER: | E-MAIL ADDRESS: | |
| | | | |
| POSTAL ADDRESS | | | |
| SUPERVISORS' DETAILS | | | |
| PRIMARY SUPERVISOR'S NAME | | | |
| PRIMARY SUPERVISOR'S UT (SU) NUMBER | | | |
| PRIMARY SUPERVISOR'S DEPARTMENT: | PRIMARY SUPERVISOR'S EMAIL: | PRIMARY SUPERVISOR'S TELEPHONE: | |
| | | | |
| SECONDARY SUPERVISOR'S NAME | | | |
| SECONDARY SUPERVISOR'S UT (SU) NUMBER | | | |
| SECONDARY SUPERVISOR'S DEPARTMENT: | SECONDARY SUPERVISOR'S EMAIL: | SECONDARY SUPERVISOR'S | |
| | | | |
| IS THIS APPLICATION BEING SUBMITTED ON BEHALF OF A STUDENT GROUP PROJECT? | | | |

SECTION 2: DETAILS OF CONFERENCE

| | | | | | | | |
|---|--|-------------|--|------|---------------|----|--|
| INDICATE WHETHER THE CONFERENCE IS NATIONAL OR INTERNATIONAL | | NATIONAL | | | INTERNATIONAL | | |
| OFFICIAL NAME OF CONFERENCE: | | | | | | | |
| | | | | | | | |
| CONFERENCE ORGANISER/S | | | | | | | |
| LOCATION | | | | | | | |
| DURATION | | NO. OF DAYS | | FROM | | TO | |
| NATURE AND AIM OF CONFERENCE AND CONNECTION WITH YOUR FIELD OF STUDY: | | | | | | | |
| | | | | | | | |
| HAVE YOU PREVIOUSLY ATTENDED OR PRESENTED AT A CONFERENCE: | | YES | | | NO | | |
| IF YES, PLEASE PROVIDE DETAILS | | | | | | | |

SECTION 3: DETAILS OF PRESENTATION

| | | | | | | | |
|---|--|-------------------|--|---------------------|--|------------------------|--|
| INDICATE THE TYPE OF PRESENTATION FOR WHICH AN ABSTRACT HAS BEEN SUBMITTED: | | | | | | | |
| INVITED SPEAKER | | ORAL PRESENTATION | | POSTER PRESENTATION | | OTHER (please specify) | |
| TITLE OF PAPER / POSTER: | | | | | | | |
| | | | | | | | |
| AUTHORS ON PAPER / POSTER <i>(please list the names of ALL other authors on the paper or poster that will be presented. Underline the name of the presenting author)</i> | | | | | | | |
| | | | | | | | |
| ABSTRACT <i>(include the abstract that you submitted to conference organisers for an oral or poster presentation here)</i> | | | | | | | |
| | | | | | | | |
| IS YOUR AFFILIATION ON THE ABSTRACT, PAPER / POSTER INDICATED AS STELLENBOSCH UNIVERSITY? | | | | YES | | NO | |
| IF NO, PLEASE EXPLAIN: | | | | | | | |
| WAS ETHICS APPROVAL OBTAINED FOR THE RESEARCH ON WHICH THIS PRESENTATION IS BASED? | | | | YES | | NO | |
| IF NO, PLEASE EXPLAIN: | | | | | | | |

SECTION 4: ESTIMATED COSTS

OUTLINE THE ESTIMATED COSTS RELATED TO ATTENDING AND PRESENTING AT THIS CONFERENCE

Notes:

i) This budget should not exceed R10,000, the maximum award made by the Undergraduate Conference Presentation Fund

ii) All travel, accommodation and subsistence costs should be calculated as per SU Travel Policy:

<https://www.sun.ac.za/english/Finance/Documents/Policies/REIS%20EN%20VERBLYF%20ENG.pdf>.

Bookings and claims must follow the procedures outlined in this policy.

| EXPENSE DESCRIPTION (complete ONLY for whichever costs apply) | | ESTIMATED AMOUNT (R) | |
|--|-------|----------------------|---------|
| 1. TRAVEL COSTS | | | |
| 1.1. AIR TRAVEL | | | |
| AIR TICKET <i>(based on official quote from preferred SU provider)</i> | | | |
| TRANSPORT TO AND FROM AIRPORTS | | | |
| OTHER (specify) | | | |
| 1.2. ROAD TRAVEL | | | |
| BUS | | | |
| CAR (petrol & tolls) | | | |
| OTHER (please specify) | | | |
| 2. ACCOMMODATION & SUBSISTENCE COSTS | | | |
| ACCOMMODATION | DAYS: | @ R | per day |
| SUBSISTENCE | DAYS: | @ R | per day |
| OTHER (please specify) | | | |
| 3. CONFERENCE-RELATED COSTS | | | |
| CONFERENCE REGISTRATION FEES | | | |
| CONFERENCE OPENING / CLOSING SUPPER / EVENT FEE | | | |
| OTHER (please specify) | | | |
| GRAND TOTAL | | R | |
| EXCHANGE RATE USED TO CONVERT TO RANDS (if applicable) | | | |

SECTION 5: DECLARATION OF OTHER FINANCIAL SUPPORT

Indicate N/A where questions do not apply

| | | |
|--|-------------|---------------|
| WHAT APPLICATION HAS BEEN MADE FOR FINANCIAL SUPPORT TO ATTEND <u>THIS</u> CONFERENCE FROM OTHER SOURCES THAN THIS FUND? (specify source and amount in each case) | | |
| | | |
| WHAT OTHER FUNDING IN SUPPORT OF ATTENDING <u>THIS</u> CONFERENCE HAS ALREADY BEEN AWARDED? (specify source and amount in each case) | | |
| | | |
| ARE YOU SUPPORTED BY A GRANT IN WHICH CONFERENCE TRAVEL IS ALLOWED AND BUDGETED FOR? (specify source and amount in each case) | | |
| | | |
| HAVE YOU PREVIOUSLY BEEN AWARDED SUPPORT FROM THE UNDERGRADUATE CONFERENCE PRESENTATION FUND? | YES | NO |
| | | |
| IF YES, PLEASE INDICATE THE YEARS AND AMOUNT OF SUPPORT AWARDED | YEAR | AMOUNT |
| | | |
| IF YES, HAVE YOUR REPORT(S) BEEN SUBMITTED FOR THESE SUPPORTED CONFERENCE PRESENTATIONS? | YES | NO |
| | | |
| WAS THE RESEARCH ON WHICH THIS PRESENTATION IS BASED FINANCIALLY SUPPORTED BY THE UNDERGRADUATE RESEARCH PROJECT FUND? | YES | NO |
| | | |
| IF YES, PLEASE INDICATE THE YEAR AND AMOUNT OF SUPPORT AWARDED | YEAR | AMOUNT |
| | | |
| IF YES, HAS YOUR REPORT BEEN SUBMITTED FOR THE UNDERGRADUATE RESEARCH PROJECT AWARD? | YES | NO |
| | | |

SECTION 6: APPLICANT DECLARATION

| | | | |
|----------------------------|---|-------------|--|
| DECLARATION | <p>I, the applicant, declare that the information provided above is correct and that, if the Undergraduate Conference Presentation Fund makes an award, I will comply with the conditions of such an award. I will ensure that my affiliation to Stellenbosch University is clearly indicated on my conference presentation and in the conference programme where relevant. I undertake to comply with Stellenbosch University's policies regarding representing the institution at a public forum. I further undertake to submit a progress report to the Undergraduate Conference Presentation Fund manager within 1 month of attending the conference.</p> <p>I accept</p> | | |
| APPLICANT SIGNATURE | | DATE | |

SECTION 7: DEPARTMENTAL SUPPORT (to be completed by supervisor)

| | | | | | | |
|---|---------------------------|-------------|------------------|--|----------------------|--|
| SUPERVISOR NAME | | | | | | |
| AS SUPERVISOR OF THE STUDENT APPLICANT, ARE YOU IN SUPPORT OF THE ABOVE APPLICATION? (please check one) | STRONGLY SUPPORTED | | SUPPORTED | | NOT SUPPORTED | |
| PLEASE PROVIDE A BRIEF MOTIVATION FOR YOUR DECISION | | | | | | |
| | | | | | | |
| <p>Please note that supervisors will be requested to facilitate the payment of this award into an existing or new research (k) cost point (please provide k cost point below).</p> | | | | | | |
| <p>Departmental K cost centre or project number into which funds should be paid:</p> | | | | | | |
| SUPERVISOR SIGNATURE | | DATE | | | | |