



جامعة الملك سعود بن عبدالعزيز للعلوم الصحية  
King Saud bin Abdulaziz University for Health Sciences

**UNIVERSITY STUDENT RESEARCH BOARD**  
**Policy No. USRB 005**  
**Sponsorship for KSAU-HS Students to Present at International Conference**

**Purpose:**

The purpose of this Policy is to set the conditions for sponsoring students to present at international conferences.

**Definitions:**

**Students** : Current undergraduate students of KSAU-HS  
**Annual Research Conference:** KSAU-HS student research conference held annually  
**IRB** : Institutional Review Board

**Policy and Procedure:**

- 1- The research must have been presented at the annual research conference (provide evidence).
- 2- Evidence that the work is accepted as "oral presentation".
- 3- Letter of IRB approval for the presented research (If applicable, e.g., when the presented work is systematic review/meta-analysis).
- 4- Letter of support from the Dean of the student's College.
- 5- The student to submit completed request for sponsorship (form attached) to the University Student Research Board (USRB).
- 6- Submission must be one month in advance of the conference date; submissions less than one month may not be processed.

**PREPARED BY SRB**

**Date: 17 August 2015**

**Revised: March 21, 2023**

**REVIEWD BY:**

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**APPROVED BY:**

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**SPONSORSHIP REQUEST FORM  
(TO PRESENT AT NATIONAL OR INTERNATIONAL CONFERENCE)**

- 1- Student's Name: \_\_\_\_\_ Student's Number: \_\_\_\_\_
- 2- Student's College: \_\_\_\_\_
- 3- Expected date of graduation: \_\_\_\_\_
- 4- Supervisor's Name: \_\_\_\_\_
- 5- Title of accepted presentation: \_\_\_\_\_  
Oral: \_\_\_\_\_ Poster: \_\_\_\_\_
- 6- Title of Conference: \_\_\_\_\_
- 7- Date of Conference: \_\_\_\_\_
- 8- City /Country of Conference: \_\_\_\_\_
- 9- Was the research presented at the Annual Research Conference? (evidence included)  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
- 10- IRB approval attached: Yes: \_\_\_\_\_ No: \_\_\_\_\_ (please justify:.....)
- 11- Letter of support from the Dean of student's College: Yes: \_\_\_\_\_ No.: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_