APPLICATION FOR RLC/ CWLC MORE THAN 3.0 UNITS (FUNDING IS REQUIRED)

Report on Research / Creative Work / Textbook Writing

Date Accomplished (DD - MM - YY)	1-1	
Academic Year (YY -YY - T*)	Ţ-L	

The second secon	*Term for new application for RLC/C	CWLC: 1, 2, 3, \$ (Summer)			
Notes: 1) Please submit using the Excel template and one (1) or 2) Write the appropriate number in box where ap 3) Accomplish one page per project. Indicate number of	oplicable.	d'I project/s):			
 I certify that I have submitted the proper progress report, final of the latest grant of RLC/ CWLC. The date of receipt at OVCRI 					
I. FACULTY INFORMATION					
a. Name;					
b. College/ Unit:	Inst./ Dept./ Div.:				
c. Designation and Rank (D - RR):					
1 Instructor* 2 Asst. Prof 3 Assoc. Prof 4 Full Prof	* May only apply for Study Load Cre	dit			
d. Nature of Involvement in Project:					
1 Program Leader 2 Project Leader 3 Co-Project	Leader 4 Artist 5 Author				
II. RESEARCH / CREATIVE WORK / TEXTBOOK WRITING IN	FORMATION	***			
1 -	POSAL OR ACTUAL GRANT/ CONTRACT				
	Research Program 2 Research Project 3 Creative Work 4 Publication / Textbook Writing				
c. Project Title:	ntinuing				
d. College/ Unit Research Agenda Theme or Topic that is most	Name of the division of the di				
a. Conege, of the Research Agentia Meme of Topic mans most	associated:				
e. Date Started (DD - MM - YY)	f. Date of Completion (DD - MM - YY)				
g. Percent of Work Accomplished (if continuing):	%				
h. Expected Output (for the new application for RLC/CWLC):					
1 research project with corresponding technical report	2 creative work with corresponding per				
3 accepted, peer-reviewed article in a national/international journal 5 national policy, regulation, bill, or law w/ public acknowledgment 6 mentored doctoral candidate or masteral graduate					
7 new patent claim	8 others, please specify				
i. Current Doctoral Dissertation/ Masteral Thesis Advisee:					
Name:	Student No.:				
III. FUNDING INFORMATION					
a. Funding Institution's Full Name: a.1)					
b. Funding Institution's Classification: b.1)					
b. Funding Institution's Classification: b.1) 1 UP Diliman 2 UP System 3 DOST 4 Phil. Govt. (exc	b.2) b.3)				
•======================================		gn (please indicate if gov't, NGO, private)			
Total Amount: Indicate	currency if not in pesos				
c. Major Equipment purchased from project funds (greater than	Php100.000):				
c.1)	c.3)				
c.2)	C.4)				
I certify that all information/data in this form are true to the best of my knowl OVCRD at the end of the semester or term for which RLC/ CWLC is grante accountabilities for OVCRD-funded and managed projects.	ledge. I understand that a report or proof of output is d and at the end of the project period. I further certif	to be submitted to the y that I have no overdue			
	Signature of Faculty Member	RLC/ CWLC units requested:			
We certify that we have reviewed this application and that the recommende	and the state of t				
Research/ Creative Work Agenda for the Academic Year. We further certify	that this application complied with the College/Unit	s detailed guidelines			
and was evaluated by the College Executive Board or equivalent body.					
		DI SUSTINI S			
Name and Signature of	Name and Signature of Dean	RLC/ CWLC units recommended:			
Institute Director/ Department Chair/ Division Head					
Recommending approval:	Approved:				
(Not a basis for claiming overload honorarium)	(Not a basis for claiming overload	l honorarium)			
BENITO M. PACHECO, Ph.D. Vice Chancellor for Vice Chancellor for		RLC/ CWLC units			
Research and Development Academic Affairs	011-11-01-07	approved: .			