

Report on Research / Creative Work / Textbook Writing

Date Accomplished (DD - MM - YY) --

Academic Year (YY -YY - T*) --

*Term for new application for RLC/CWLC: 1, 2, 3, S (Summer)

- Notes: 1) Please submit using the Excel template and one (1) original signed copy.
2) Write the appropriate number in box where applicable.
3) Accomplish one page per project. Indicate number of attached page/s of Form 67-C1d (for add'l project/s):

I certify that I have submitted the proper progress report, final report or proof of output of the latest grant of RLC/ CWLC. The date of receipt at OVCRD is (DD-MM-YY): --

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 Credit

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 INFORMATION

a. Project Type: PLEASE ATTACH CAPSULE PROPOSAL OR ACTUAL GRANT/ CONTRACT
1 Research Program 2 Research Project 3 Creative Work 4 Publication / Textbook Writing

b. Project Status: 1 New 2 Continuing

c. Project Title: _____

d. College/ Unit Research Agenda Theme or Topic that is 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 permanent documentation
3 accepted, peer-reviewed article in a national/ international journal 4 creative output in a national/ international forum or presentation
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. JUSTIFICATION FOR RLC/ CWLC EVEN WITHOUT PROJECT FUNDING

IV. JUSTIFICATION FOR OVERLOAD HONORARIUM

Maximum unit/s requested for overload honorarium: -

I certify that all information/data in this form are true to the best of my knowledge. I understand that a report or proof of output is to be submitted to the OVCRD at the end of the semester or term for which RLC/ CWLC is granted and at the end of the project period. I further certify that I have no overdue accountabilities for OVCRD-funded and managed projects.

Signature of Faculty Member RLC/ CWLC unit/s requested: -

We certify that we have reviewed this application and that the recommended load credit/s was/were pre-assigned based on the College/ Unit's approved Research/ Creative Work Agenda for the Academic Year. We further certify that this application complied with the College/Unit's detailed guidelines.

Name and Signature of Institute Director/ Department Chair/ Division Head

Name and Signature of Dean RLC/ CWLC unit/s recommended: -

Recommending approval: (Not a basis for claiming overload honorarium) Approved: (Not a basis for claiming overload honorarium)

BENITO M. PACHECO, Ph.D. RONALD S. BANZON, Ph.D. CAESAR A. SALOMA, Ph.D. RLC/ CWLC unit/s approved: -
Vice Chancellor for Research and Development Vice Chancellor for Academic Affairs Chancellor