**REQUEST FOR INCENTIVE OF RESEARCH PRESENTATION**

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| **Full Name:** |  |
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| **Contact Number:** |  |
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| **Name of Co-author(s), if applicable** |  |
| **(2) DETAILS OF RESEARCH PRESENTATION** |
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|  |  |
| --- | --- |
| Title of Paper |  |
| Title of Conference/ Seminar |  |
| Sponsoring Agency |  |
| Partner College/University |  |
| Date |  |
| Place |  |
| Details of Funding  | € TSU, OB€ TSU, OT |

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| **(3) ATTACHMENTS** € Copy of the Paper € Invitation to the Presentation € Program of the conference € Certificate of appearance € Certificate of recognition/participation € Travel Order (if applicable) |
| **(4) CERTIFICATION AND PRIVACY STATEMENT** |
| *I hereby certify that the information given are true and correct.**The undersigned is fully aware that TSU-University Research Office may share and use information such as names, e-mail addresses, contact number, academic and employment information, and/or research data, for the purpose of fulfilling research undertakings including and limited to for connecting with me, processing of the form and its purpose. I also understand that when this official form, containing my personal information, is no longer needed for its purpose, proper disposal procedures based on university policies shall be done. I hereby allow TSU to collect, process, use and share my personal data contained hereof in the pursuit of its legitimate academic, research and extension purposes and/or interests as an educational institution.* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_*\_\_\_\_\_*Signature over Printed Name of the Applicant Date |
| **(5) EVALUATION BY RPICU** |
| *Nature of Presentation*

|  |  |  |
| --- | --- | --- |
| **Modality**[ ]  In-person[ ]  Virtual | **Nature of Conference**[ ]  International[ ]  Local (National or Regional) | **For In-person Presentation only:**[ ]  held abroad.[ ]  held within the country. |

Amount of Incentive: **₱\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative, RPICU Date |

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