**REQUEST FOR FUNDING OF PAPER PRESENTATION**

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| **THE UNDERSIGNED HEREBY REQUEST FOR FUNDING BE APPLIED.** | (The following is to be filled in by RPICU) |
| **Research ID:**  |
| **Received by:** |
| **Date of Receipt:** |
| **(1) APPLICANT’S INFORMATION** |
| **Full Name:** |  |
| **Department/Office/College:** |  |
| **Office Contact Number:** |  |
| **Contact Number:** |  |
| **E-mail Address:** |  |
| **(2) NATURE OF THE PRESENTATION (PLEASE CHECK ✓)** |
| * International Oral Presentation held abroad € National/Regional Oral Presentation
* International Oral Presentation held within the country
 |
| **(3) DETAILS OF RESEARCH CONFERENCE** |
| Title of Paper |  |
| Title of Conference |  |
| Venue |  |
| Date |  |
| Organizer |  |
| Partner College/University | Name: |
| Contact No.: |
| Email address: |
| **STATUS OF ARTICLE SUBMITTED TO CONFERENCE ORGANIZERS** |
| Abstract submitted | Date submitted:  |
| Accepted for presentation | Date accepted:  |
| **(4) TOTAL AMOUNT OF BUDGET REQUEST** |  |
| **(5) ATTACHMENTS** |
| * Acceptance letter and/or Invitation letter for the presentation
* Copy of endorsement letter/proof of endorsement from any TSU Office/College
 |
| **(6) 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 |
| **(7) CHECKED (to be accomplished by RPICU)** |
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