**REQUEST FOR INCENTIVE OF RESEARCH PRESENTATION**

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