**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 OURD / 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 ✓)** | | | | | | |
| **Modality**  In-person  Virtual | | | | **Nature of Conference**  International  Local (National or Regional) | | **For In-person Presentation only:**  held abroad.  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** *(This form, along with the attachments, must be submitted in three (3) copies)* | | | | | | |
| * Copy of Finished Paper (TSU-ORD-SF-69) * Acceptance letter and/or Invitation letter for the presentation * Copy of endorsement letter/proof of endorsement from any TSU Office/College * Summary of Expenses | | | | | | |
| **(6) CERTIFICATION AND PRIVACY STATEMENT** | | | | | | |
| *I hereby certify that the information given are true and correct.*  *The undersigned is fully aware that the TSU- Office of University Research Development 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)** | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  RPICU Date | | | | | | |

*\*Electronic Signatures are not allowed*