

APPLICATION FORM FOR RESEARCH/ACADEMIC INCENTIVE

Directions: *Please fill out this form completely. Do not leave any item unanswered. Write "NA" for items which are not applicable. The information you provide will be very useful in evaluating your application.*

A. Name of Applicant: _____
Faculty Rank: _____ Years of Service: _____

B. Title of the Paper (Please attach a copy of the paper):

C. Co-authors: _____

If the paper is co-authored by another DLSU faculty member, please attach a letter signed by said co-author that he/she is not claiming the above paper for his/her research incentive.

D. Are you a professorial chairholder? ☐ Yes ☐ No
If yes, give the title of professorial chair lecture/research for the current schoolyear: _____

Provide a copy of your professorial chair paper to the Chancellor's Office.

E. Do you have a funded/contracted research project? ☐ Yes ☐ No

If Yes, please identify funding source:

☐ Faculty Research Program (FRP)

☐ DLSU Science Foundation (SF)

☐ College Research Fund (CRF)

☐ External Funding Agency (please specify): _____

☐ Others (please specify): _____

If not funded by FRP, SF, or CRF of DLSU, where can a copy of the research report be obtained? _____

F. Has your paper been published? [☐] Yes [☐] No

1. **If Yes**, please cite complete reference (complete name of publication, publisher, place and date of publication) _____

2. If No, is it in press? [☐] Yes [☐] No

a. **If Yes**, please provide the letter from the journal/publication editor to certify that it has been accepted for publication.

b. If No, is it for submission to a press for possible publication?

[☐] Yes [☐] No

If Yes, indicate the journal/publisher being considered for your manuscript:

G. Has it been presented in a forum? [☐] Yes [☐] No

If Yes, please indicate the following:

Forum Title: _____

Date: _____ Venue: _____

Sponsoring unit/agency: _____

Submitted by:

Applicant's signature over printed name

Date

FORM FOR DEPARTMENTAL ACTION

Directions: *Please fill out this form completely. Do not leave any item unanswered. Write "NA" for items which are not applicable. The information you provide will be very useful in evaluating your application.*

I. Residency Qualification of Applicant for Research/Development Incentive

At least five (5) cumulative years of service as of date of application

II. Rank Qualification of Applicant for Research Incentive

Permanent faculty with a rank of at least Assistant Professor/ASF II at the time of application.

-----Departmental Action -----
(To be filled out by Department Chair/Unit Head)

A. Faculty Applicant: _____

B. Title of the Research Incentive Paper

C. Recommendation

I am [] endorsing the applicant's paper.

[] not endorsing the applicant's paper.

D. Please indicate other comments/reactions on the paper submitted

Signature of Department Chair/Unit Head
over printed name

Date

(Please forward this form together with the research paper to the CRC Director/AVCAS/
VPLM for deliberation)