# **OFFICE OF THE VICE CHANCELLOR FOR**

### RESEARCH AND DEVELOPMENT

# **University of the Philippines Diliman**

# *Lower Ground Floor PHIVOLCS Bldg., C.P. Garcia Ave., UP Diliman, Quezon City*

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###

###  APPLICATION FOR THESIS AND DISSERTATION GRANTS

 Proposal Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Duration of Project (in months): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Proposed Budget: PhP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **ABOUT THE PROPONENT**

 Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Residence Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Nos.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Faculty/REPS Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Nature of Appointment: [ ] Permanent [ ] Temporary

 College/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Degree Program : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 College/Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Adviser : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Available for interview at OVCRD if required? [ ] Yes [ ] No [ ] Uncertain

 *Note: An interview may be used in the assessment of a proposal. It does not guarantee*

 *approval of the request for funding.*

### PROPOSAL FORMAT

**PART 1. PROPOSAL SUMMARY**

* 1. **Title of the proposal**
	2. **Keywords to describe the subject area of the study** (maximum of 5)
	3. **Abstract**
* This is a brief summary that reflects the contents of the proposal, intelligible to the lay reader, and not more than 1,000 characters.
	1. **Duration of the study** (in months)
	2. **Workplan and schedule of activities**
	3. **Proposed Line-item Budget (Maximum PhP 30,000 for thesis, PhP 60,000 for dissertation)**
	4. **Potential Intellectual Property Rights (IPRs) in connection with the proposed study (if applicable)**
* Proponent should seek advice regarding IP protection policies of the University through the Intellectual Property and Technology Transfer Section, Research Dissemination and Utilization Office of the OVCRD. Provide a short account of the initial consultation.
	1. **Cooperating Agencies**
* Are you applying for or receiving support for this study from any other source? If yes, supply information on the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Funding Organization | Fund Source Classification\*  | Amount approved/ Amount applied for | Part of study/LIB funded  | Other forms of assistance | Period of funding |
|  |  |  |  |  |  |
|   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# \*UPD, UPSys, Gov't, DOST Councils, Foreign, Others

* Please provide a draft/copy of existing MOA with cooperating agencies for review of IP ownership.

**PART 2. CERTIFICATION**

# I certify that all information/data in this proposal are true to the best of my knowledge. I understand and agree that the OVCRD will keep all the documents I submitted in connection with my application for a research/creative work grant, whether the application is approved for funding or not.

# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#  *Signature of Proponent Date*

**PART 3. ENDORSEMENTS**

I certify that this thesis/dissertation proposal entitled “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”, has been reviewed and approved/accepted by the Department/Institute of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_. The comment of the panel has been incorporated in this proposal. I am recommending it for funding.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#####  *Name and Signature of Thesis/Dissertation Adviser Name and Signature of Chair/Director of Department/*

#####  *Institute where applicant is enrolled*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#####  *Date Date*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### *Name and Signature of Dean of College*

##### *where applicant is enrolled*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#####  *Date*

**PART 4. SUPPORTING DOCUMENTS**

Please attach the following to your application:

1. Copy of the approved thesis/dissertation proposal
2. Panel defense sheet which contains the signatures of the panel chairperson and members, action of the panel, comments/suggestions for revision