**ELC Form 3**

# **OFFICE OF EXTENSION COORDINATION**

# **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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**Date Accomplished: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_**

day month year

**Academic Year: \_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_**

(for which ELC is granted)

**PROGRESS / FINAL REPORT**

**Extension Load Credit (ELC) Grant**

(ACCOMPLISH ONE FORM PER PROJECT)

**Instructions:**

1. Please submit hard and electronic copies of progress and/or final report certified by the Dean/Head of unit at the end of the semester for which ELC is granted.
2. Submit electronic copy of report online in PDF file (file size should not exceed 10MB) to <http://oec.ovcrd.upd.edu.ph/oec/> and one original hard copy to Office of Extension Coordination at the OVCRD.
3. Only reports with the signed endorsement of Dean/Unit Heads will be accepted.

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| **I. FACULTY INFORMATION**     |  |  | | --- | --- | | **a. Name:** |  |  |  |  |  |  | | --- | --- | --- | --- | | **b. College/ Unit:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Inst./ Dept./ Div.:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **II. EXTENSION WORK/PROJECT INFORMATION**     |  |  |  |  | | --- | --- | --- | --- | | **Report Type:** |  | 1 Progress Report | 2 Final Report |  |  |  | | --- | --- | | **c. Project Title:** |  |  |  |  |  |  | | --- | --- | --- | --- | | **e. Date Started:** |  | **f. Date of Expected Completion:** |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **g. Expected Output:** |  |  | **h. Percent of Work Accomplished:** (if continuing) |  | % | | 1 - End of project narrative report  3 - Paper/presentation in conference/colloquium/proceedings  5 - National policy, regulation, bill, or law w/ public  acknowledgment | | | 2 - Training manual or modules developed  4 - Feature article regarding the project  6 - Software or computer program developed from the project | | | | 7 - Academic paper | | | 8 - Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **III. INFORMATION ON COLLABORATING ORGANIZATIONS** (if applicable)   |  |  | | --- | --- | | **Full Name of Collaborating Institution** | **Nature of Collaboration** (e.g., funding, co-implementer, client/partner, etc) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | |

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| **IV. KEY ACCOMPLISHMENTS**  **DISCUSSION OF ACTIVITIES ACCOMPLISHED, SIGNIFICANT RESULTS/OUTCOMES, ISSUES ENCOUNTERED, LESSONS LEARNED, FUTURE DIRECTIONS:**  (You may enclose together with this form the latest report submitted to the funding/collaborating institution)   * Describe actual activities undertaken compared to the project objective/s. * Discuss significant results and/or outcomes. * Cite issues encountered and how these were addressed. Include activities not accomplished, if any, and the reasons why these were not done. * Discuss lessons learned and future directions. * Sample pictures or any proof of extension work, where applicable. |

*Note: OVCRD has the right to subject the report to peer evaluation.*

**CERTIFICATION:**

I certify that all information /data in this report are true to the best of my knowledge. I further certify that I have no overdue accountabilities for OVCRD-funded and/or managed projects.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature of ELC Grantee  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |  |

**ENDORSEMENTS:**

I certify that I have reviewed this ELC Grant Report entitled “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.”

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature of Dept. Chair/Director  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature of Dean of College  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |