**ELC Form 1 (Revised 7 July 2017)**

# **OFFICE OF THE VICE CHANCELLOR**

### FOR RESEARCH AND DEVELOPMENT

# **Office of Extension Coordination (OEC)**

# **University of the Philippines Diliman**

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

*Tel 981-8500 voip 2621; 285-6913*

*Email:* [*oec.updiliman@upd.edu.ph*](mailto:oec.updiliman@upd.edu.ph)*;* [*oec.upd@gmail.com*](mailto:oec.upd@gmail.com)

|  |  |  |
| --- | --- | --- |
| FOR OEC USE ONLY | | |
| **RECEIVED** | **DATE** | **BY** |
|  |  |

### 

**EXTENSION WORK INFORMATION FORM**

(Use this form for **personally-funded** extension work)

**TO BE SUBMITTED TOGETHER WITH ELC FORM 2**

**PART 1. DETAILS OF THE PROPOSAL** (use size 11 font, single space and limit file size to < 10MB)

**For OEC use only:**

**1. DETAILS OF THE PROPOSAL**

* 1.1. Extension Work Agenda Theme/Topic
* 1.2. Objectives
* 1.3. Methodology
* 1.4. Work plan
* 1.5. Expected Output

**2. CERTIFICATION**

* Signature of Proponent

**3. ENDORSEMENTS**

* Dept. Chair/Director
* Dean

**4. OBLIGATIONS**

* Progress/ Final Report

*Checked by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* 1. **Extension Project Title**
  2. **Key Words to describe subject area of extension work** (Maximum of 5)
  3. **Extension Work Agenda Theme or Topic (of the College/Unit) that the project is most associated** (Please attach a copy of the updated Extension Agenda approved by the College/Unit for 2017)
* Please state the specific theme/topic in the College/Unit extension work agenda submitted to the OVCRD and how this project will contribute to such.
  1. **Objectives**
* Please state the general and specific objectives addressed by the proposed extension work.
  1. **Methodology**
* Describe the systematic project design or plan to achieve the desired objectives, specifying the key strategies / components and activities to be undertaken.
* Please attach the request for the extension work from the partner organization (if applicable).
  1. **Work Plan and Schedule of Activities**
* Present in a GANTT chart the critical activities to be undertaken in chronological order for every major phase of the extension work, e.g.:
  + - Preparatory/Conceptualization/Development of ideas
    - Project implementation
    - Report writing/Post-production/Exhibition/Distribution

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Project Phase/Key Activities | Timeframe (e.g., Months Covered) | | | | | |
| Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* Indicate if there is any plan of getting funding (UP Diliman, UP system, others)
* Indicate the PERCENT OF WORK ACCOMPLISHED (%) **in case of *renewal* (for the same extension work/project)**.

# **Expected Output**

* Please describe the expected output of the extension work. Output may be any of the following:
  + - Final project report
    - Academic Paper
    - Feature article regarding the project
    - Presentation in a national/international forum or conference / colloquium
    - Training modules or manuals
    - Others, please specify

**PART 2. CERTIFICATION**

# I certify that all information/data in this proposal are true to the best of my knowledge. I understand that a report or proof of output is to be submitted to OEC at the end of the semester or term for which ELC is granted and at the end of the project period. I further certify that I have no overdue accountabilities for OVCRD-funded and managed projects.

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

# *Signature over Printed Name of Project Leader*

# *Date*

**PART 3. ENDORSEMENTS**

We certify that we have reviewed this ELC application and that the requested extension load credit/s was/were pre-assigned based on the College/Unit’s approved Extension Work Agenda for the Academic Year. We further certify that this application complies with the College/Unit’s detailed guidelines for extension work and was evaluated by the College Executive Board or equivalent body.

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

# *Signature over Printed Name of Department Chair Signature over Printed Name of College Dean/Unit Director*

# *Date: Date:*