**ELC Form 2 (Revised 4 Dec 2017)**

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| --- |
| Date Accomplished (DD-MM-YYYY): / / |
| Academic Year: Semester:  |

**EXTENSION LOAD CREDIT (ELC)**

APPLICATION FORM

**FACULTY INFORMATION**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_ **Sex**: **[ ]** **1**-Male **2**-Female

Surname / First Name / Middle Initial

**College/Unit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Inst./Dept./Division:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** **[ ]** **1**-Instructor\* **2**-Assistant Prof. **3**-Associate Prof. **4**-Full Professor **Rank:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*may only be eligible if WITHOUT Study Load Credit

**Nature of Involvement: [ ] 1-**Program Leader **2**-Project Leader **3**-Others (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXTENSION WORK INFORMATION**

**Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extension Agenda Theme/Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Funding Source: [ ] 1-**Personally Funded **2-**External Funding  **Name of Funding Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Classification of Funding Institution [ ] 1-**UP Diliman **2-**UP System **3-**DOST  **4-**Phil Gov’t (except UP/DOST)

 **5-**NGO  **6-**Private  **7-**Others (Please specify)

**Date Started** (DD-MM-YYY)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date of Expected Completion** (DD-MM-YYY)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expected Output: [ ] 1-**Final Report **2**-Presentation in conference/colloquium **3**-Others (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ELC APPLICATION ELC TOTAL UNIT/S REQUESTED**

**Type of Application**: **[ ]** **1**-Renewal/Extension\* **2**-New\*\*

\*For renewal/extension, please attach the following: (1)progress report; and (2) photocopy of previously approved ELC application form

\*\* For NEW applications, please attach (1) Extension work capsule proposal; and (2) MOA/contract if funded

**Are you also applying for RLC/CWLC for this semester? [ ]**  **1**-No **2**-Yes **If yes, please attach a photocopy of your application**

# I certify that all information/data in this form are true to the best of my knowledge. I understand that a report or proof of output is to be submitted to OVCRD thru 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.

# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Applicant’s Signature over Printed Name**

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**RECOMMENDATION ELC TOTAL UNIT/S RECOMMENDED**

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 were 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:*

**ENDORSEMENT/APPROVAL: ELC TOTAL UNIT/S APPROVED**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LENORE P. DELA CRUZ FIDEL R. NEMENZO, D.Sc. EVANGELINE C. AMOR, Ph.D.**

OEC Director Vice-Chancellor for Research and Development Vice-Chancellor for Academic Affairs

**EXTENSION WORK CAPSULE PROPOSAL**

**PART 1. *DETAILS OF THE PROPOSAL***

* 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 AY 2017-2018)

* 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.

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| --- | --- | --- |
|  |  |  |
| *Signature over Printed Name* |  | *Date* |