**ELC Form 1\_Revised 06 Jul 2018**

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| Term  Select Sem **A.Y.** YYYY - YYYY |

**EXTENSION LOAD CREDIT (ELC)**

APPLICATION FORM

**FACULTY INFORMATION**

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| --- | --- | --- | --- |
| 1. Name  Last Name, First Name, M.I. | | | 2. Sex |
| 3. College/Unit  Select here | 4. Inst./Dept./Division  Type here | 5. Faculty Position  Select here | 6. Nature of Appointment  Select here |

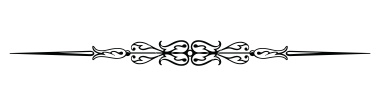
**EXTENSION WORK INFORMATION**

(Use separate form for more than one project)

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| --- | --- | --- | --- | --- |
| 7. Project Title  Type complete title here | | | | |
| 8. Type of Extension Activity  Select here | (max of 3 responses)  Select here | Select here | | 9. Nature of Involvement  Type here |
| 10. Subject Area of Interest  Select here | | 11. START DATE  Click to enter a date. | | 12. EXPECTED END DATE  Click to enter a date. |
| 13. Target Beneficiary/Group/Sector  Select here | | |  | 14. Funding Agency Classification  Select here |
| 15. Name of Funding Agency  Type here | | | | |

**LOAD CREDIT INFORMATION**

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| --- | --- | --- |
| 16. Total ELC Unit/s Requested  Click here | 17. Application Status  Select here | 18. Are you also applying for RLC/CWLC this SEMESTER? How many unit/s? \_\_\_\_  (If yes, please attach a photocopy of your application)  Select here |
| 19.I certify that all information/data in this form are true and correct 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 OEC-funded and managed projects.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s Signature over Printed Name | | |

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# 20.

**RECOMMENDATION ELC TOTAL UNIT/S RECOMMENDED**

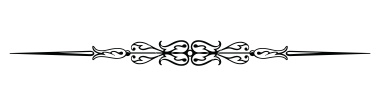
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| We certify that we have reviewed this ELC application and that the requested extension load credit/s was/were pre-assigned based on the College/Unit’s approved Extension Work Agenda for the Academic Year. We further certify that this application 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 Dept. Chair*  (*Position)*  Date: |  | *Signature over Printed Name of College Dean/Unit Director*  (*Position)*  Date: |

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

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**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**

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* 1. **Key Words to Describe Subject Area of Extension Work (**Maximum of 5)

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* 1. **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 2018-2019)

* 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.

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* 1. **Objectives**
* Please state the general and specific objectives addressed by the proposed extension work.

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* 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).

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* 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

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

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# **Expected Output**

* Please describe the expected output of the extension work. Output may be any of the following:
  + - Training modules or manual developed
    - Full proceedings/ documentation of the extension project
    - Full paper in conference/ symposium/ colloquium proceedings
    - Proof of exhibition or equivalent in visual and/or performing arts
    - Software or computer program developed from the project
    - Full paper submitted to a reputable peer-reviewed journal and letter of receipt of acknowledgement
    - Others, please specify

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**PART 2. CERTIFICATION**

# I certify that all information/data in this proposal are true and correct 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* |