**ELC Form 1 (revised Sep 2019)**

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| TermSelect Sem **A.Y.** YYYY - YYYY  |

**EXTENSION LOAD CREDIT (ELC)**

APPLICATION FORM

**FACULTY INFORMATION**

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| --- | --- |
| 1. NameLast Name, First Name, M.I. | 2. Sex  |
| 3. College/UnitSelect here | 4. Inst./Dept./DivisionType here | 5. Faculty PositionSelect here | 6. Nature of AppointmentSelect here |

**EXTENSION WORK INFORMATION**

(Use separate form for more than one project)

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| --- |
| 7. Project TitleType complete title here |
| 8. Geographic Location of Extension WorkSelect here | (Province/Municipalities/Barangay)Please specify |
| 9. Type of Extension Activity Select here | *For other type of extension activity…*Please specify | 10. Nature of InvolvementType here |
| 11. Subject Area of InterestSelect here | *For other subject area of interest…*Please specify | 12. START DATEClick to enter a date. | 13. EXPECTED END DATEClick to enter a date. |
| 14. Target Beneficiary/Group/SectorSelect here | *For other target beneficiary…* Please specify | 15. Funding Agency ClassificationSelect here |
| 16. Name of Funding AgencyType here |

**LOAD CREDIT INFORMATION**

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| --- | --- | --- |
| 17. Total ELC Unit/s RequestedClick here | 18. Application StatusSelect here | 19. Are you also applying for RLC/CWLC this SEMESTER? How many unit/s? \_\_\_\_ (If yes, please attach a photocopy of your application)Select here |
| 20.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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# 21.

**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**

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

**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. **Abstract**
* Please provide a brief summary of the proposed extension work/project. Maximum of 500 words.

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* 1. **College/Unit Extension Work Agenda Theme/Topic**

(Please attach a copy of the most recent / updated Extension Agenda approved by the College/Unit, highlighting the specific theme/topic that the project is most associated)

* 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 (add columns as necessary), 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)** Percent %

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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* |