 COLLEGE OF PUBLIC HEALTH

**UNIVERSITY OF THE PHILIPPINES MANILA**

**SEAMEO-TropMed Regional Centre for Public Health,**

**Hospital Administration, Environmental and Occupational Health**

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**RESEARCH REGISTRATION**

**APPLICATION FORM**

Date Accomplished: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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School year: (YYYY- YYYY)

Semester ( ) 1 ( ) 2 ( ) summer

**1. FACULTY INFORMATION**

a. **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. **College:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dept:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. **Designation:** ( ) Instructor ( ) Asst.Prof. ( ) Assoc.Prof. ( ) Full Prof. ( ) Others Rank (01 02)

d. **Nature of Involvement:** ( ) Program Leader ( ) Project Leader ( ) Co-Project Leader

( ) Study Leader ( ) Artist ( ) Author

## II. RESEARCH/CREATIVE WORK/TEXTBOOK WRITING

a. **Project Type:** ( ) Research program ( ) Research Project ( ) Creative Work ( ) Publication/Textbook Writing

b. **Project Status:** ( ) Ongoing ( ) New ( ) Done

c. **Project Title:**

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d. **Original Title if other than above:**

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e. **Date started** (MM /DD /YYYY) \_\_\_\_\_\_\_\_\_\_\_

f. **Date of Completion:** (MM /DD /YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. **Percent of Work Accomplished** (If on-going) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %

(Attach brief description of accomplishments for the prior semester)

h. **First time to apply for research load credit for this project?** ( ) Yes ( ) No (If yes, attach copy of proposal)

**III. FUNDING INFORMATION**

a. **Funding Institution’s Full Name:**

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b**. Funding Institution’s Classification**: ( )UP Diliman ( )UP System ( )Gov’t ( )DOST ( )NGO ( )Private ( )Foreign ( ) Grants ( ) others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate currency if not in pesos** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. **Receiving Honoraria?** ( ) Yes ( ) No

d. **Major equipment purchased from project funds (greater than Php100, 000)**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submitted by:**

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

Name and Signature

**Noted by:**

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

Name and Signature of the Chair of the Department