

**REQUEST FOR INCENTIVE OF RESEARCH CITATION**

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| **Name of Co-author(s), if applicable** |  | |
| **(2) DETAILS OF CITATION** | | |
| |  |  | | --- | --- | | Title of Research |  | | Title of the Citing Article/Book |  | | Author/s of the Article/Book |  | | Citing Journal/Book |  | | ISSN/Volume/Number |  | | Date of Publication |  | | Editor |  | | Indexing |  | | | |
| **(3) ATTACHMENTS**  € Copy of the Citing Article  € Other proof of citation (if full copy of citing article is not available)  € Proof of Journal Indexing | | |
| **(4) CERTIFICATION AND PRIVACY STATEMENT** | | |
| *I hereby certify that the information given are true and correct.*  *The undersigned is fully aware that TSU-University Research Office may share and use information such as names, e-mail addresses, contact number, academic and employment information, and/or research data, for the purpose of fulfilling research undertakings including and limited to for connecting with me, processing of the form and its purpose. I also understand that when this official form, containing my personal information, is no longer needed for its purpose, proper disposal procedures based on university policies shall be done. I hereby allow TSU to collect, process, use and share my personal data contained hereof in the pursuit of its legitimate academic, research and extension purposes and/or interests as an educational institution.*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_*\_\_\_\_\_*  Signature over Printed Name of the Applicant Date | | |
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| Category of the Citing Journal/Books: € TSU Recognized or CHED Accredited Journal  € Book by International Authors (does not include self-citation)  Number of times the Research has been Cited: \_\_\_\_\_\_\_\_\_  Amount of Incentive: **₱\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Representative, RPICU Date | | |

*\*Submitted request form with incomplete information and attachments will not be accepted or processed.*