

**REQUEST FOR INCENTIVE AS WINNER IN RESEARCH COMPETITION/PRESENTATION**

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| **THE UNDERSIGNED HEREBY REQUEST FOR INCENTIVE BE APPLIED.** | (The following is to be filled in by the University Research Office) |
| **Research ID:**  |
| **Received by:** |
| **Date of Receipt:** |
| **(1) APPLICANT’S INFORMATION** |
| **Full Name:** |  |
| **Department/Office/College:** |  |
| **Contact Number:** |  |
| **E-mail Address:** |  |
| **Name of Co-author(s), if applicable** |  |
| **(2) DETAILS OF RESEARCH OUTPUT AS WINNER IN RESEARCH COMPETITION/ORAL PRESENTATION**  |
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| --- | --- |
| Title of Research |  |
| Name of Competition/Presentation |  |
| Competition Level | € In-house € Regional € National € International  |
| Category  | € STEM € ABLESS  |
| Place | € First € Third€ Second € Best Paper€ Best Oral Presentation |

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| **(3) ATTACHMENTS** € Copy of the paper € Invitation to the presentation € Program of the event € Certificate of appearance € Certificate of recognition € Travel order (if applicable) |
| **(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 |
| **(5) EVALUATION BY RPICU** |
| Amount of Incentive: **₱\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative, RPICU Date |

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