**REQUEST FOR FUNDING OF PAPER PUBLICATION**

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| **THE UNDERSIGNED HEREBY REQUEST FOR FUNDING BE APPLIED.** | | (The following is to be filled in by the RPICU) |
| **Research ID:** |
| **Received by:** |
| **Date of Receipt:** |
| **(1) APPLICANT’S INFORMATION** | | |
| Full Name: |  | |
| Department/Office/College: |  | |
| Office Contact Number: |  | |
| Contact Number: |  | |
| E-mail Address: |  | |
| **(2) DETAILS OF PUBLICATION** | | |
| Title of Research Output: |  | |
| Published title (if research title was changed): |  | |
| Author(s): |  | |
| Journal: |  | |
| Publisher: |  | |
| Year: |  | |
| ISSN/Volume/Number/DOI |  | |
| Pages |  | |
| Impact Factor (if applicable): |  | |
| **(3) NATURE OF THE PUBLICATION (PLEASE CHECK ✓)** | | |
| * **International Refereed Journal** * Scopus Indexing Journal * Science Direct Indexing Journal * Thomson Reuters/Clarivate Analytics Indexing Journal * CHED Recognized Journal * **Refereed Journal Accredited by CHED** | | |
| **(4) TOTAL AMOUNT OF BUDGET REQUEST** |  | |
| **(5) ATTACHMENTS** | | |
| * Acceptance letter from the publishing journal * Copy of the research paper | | |
| **(6) 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 | | |
| **(7) CHECKED** (to be accomplished by RPICU) | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  RPICU Date | | |