**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** | | |
| |  |  | | --- | --- | | 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 | | | |
| **(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.*