**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 ✓)** |
| **TSU Recognized Journals*** Scopus Indexing Journal
* Science Direct Indexing Journal
* Thomson Reuters/Clarivate Analytics Indexing Journal
* Web of Science
* Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **(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 |

*\*Electronic Signature are not allowed*