



FRP Form 1A – Faculty Research Project Proposal

PROPONENTS' BASIC INFORMATION

Applicant's Name: [Click here to enter text.](#) Participation: [Click here to enter text.](#)
 Office/Department: [Click here to enter text.](#) Employment Status: FT ; FTPROB ; PT ;
 Mobile/Landline: [Click here to enter text.](#) Email: [Click here to enter text.](#)

Members:

Name	Position:	Affiliated Dept; School	Rank:	Email add/contact no.
Click here to enter text.	position	affiliation	rank	Email add/cell no.
Click here to enter text.	position	affiliation	rank	Email add/cell no.
Click here to enter text.	position	affiliation	rank	Email add/cell no.
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Click here to enter text.	position	affiliation	rank	Email add/cell no.
Click here to enter text.	position	affiliation	rank	Email add/cell no.

RESEARCH PROJECT INFORMATION

Research Project Title: [Click here to enter text.](#)
 Research Project Classification: Institutional Instructional Extension Basic
 Proposed Project Duration (Inclusive Dates): [Click here to enter a date.](#) [Click here to enter a date.](#)
 Proposed Funding Source: CPRDS
 Proposed Budget (total): [Click here to enter text.](#)

A. BACKGROUND & RATIONALE (not more than 240 words)
[Click here to enter text.](#)

B. OBJECTIVES
[Click here to enter text.](#)

C. METHODOLOGY
[Click here to enter text.](#)

D. ETHICAL CONSIDERATIONS
[Click here to enter text.](#)

E. WORK & TIME PLAN : (fill in below or submit URL link of your time plan):
[Click here to enter text.](#)

#	ACTIVITY	DATE	EXPECTED OUTPUT
1	Click here to enter text.	enter a date.	Click here to enter text.
2	Click here to enter text.	enter a date.	Click here to enter text.
3	Click here to enter text.	enter a date.	Click here to enter text.
4	Click here to enter text.	enter a date.	Click here to enter text.
5	Click here to enter text.	enter a date.	Click here to enter text.
6	Click here to enter text.	enter a date.	Click here to enter text.

F. TIMELINE OF SUBMISSIONS: (fill in below or submit URL link of your submission timeline):
[Click here to enter text.](#)

#	DETAILS	DATES
1	Click here to enter text.	enter a date.
2	Click here to enter text.	enter a date.
3	Click here to enter text.	enter a date.
4	Click here to enter text.	enter a date.
5	Click here to enter text.	enter a date.

G. BUDGET SPECIFICATIONS: (fill in below or submit URL link of your budget plan or None):



Click here to enter text.

#	DETAILS	BUDGET
1	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>

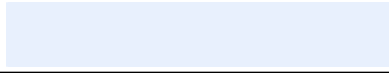
CHECKLIST OF DOCUMENTARY REQUIREMENTS; please check the appropriate boxes:

- Full Concept (as necessary)
- Curriculum Vitae, Highlight the Academic and Research Attainments
- GANT Chart

File link: *Click here to enter text.*

I certify that the information provided is true and correct to the best of my knowledge, and that my co-author(s) are fully aware of this application. I agree to abide by the policies governing this undertaking and accept the decision of the approving body. If this project is funded by the university, I acknowledge the shared ownership with the institution in accordance with its intellectual property and research policies. Accordingly, author affiliation shall remain with the funding institution in all outputs and may not be changed without its written consent, even in the event of separation or transfer.

Click here to enter text.



Click here to enter a date.

Faculty Applicant's Printed Name

Signature

Date

RECOMMENDATION OF THE DEAN/PRINCIPAL/DEPARTMENT OR OFFICE HEAD

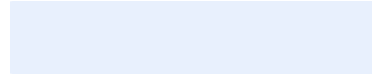
Action: Endorsed Not endorsed Date: *Click here to enter a date.*

Reason for non-endorsement: *Click here to enter text.*

Dean/Principal/Head

: *Click here to enter text.*

Signature



Cc: Dean, Principal, or Office/Department Head



FRP Form 1C – REVIEW / EVALUATION (to be filled up by EVALUATION COMMITTEE; attach Form 1A)

PROGRAM: Faculty Research Project Proposal [University President’s Memo dated July 25, 2019, Section 2]

FACULTY APPLICANT VERIFICATION:

Applicant’s Name: [Click here to enter text.](#) Participation: [Click here to enter text.](#)
 Document submissions: [Click here to enter text.](#)

RESEARCH PROJECT EVALUATION: (rate each row 1 to 4)

Title: [Click here to enter text.](#)

1. Scope (30)	<input type="checkbox"/> 10 PTS	<input type="checkbox"/> 15 PTS	<input type="checkbox"/> 30 PTS	SCORE	rate
a. Basic / Applied:		Conceptual (15)	Output Based (30)		
b. Instructional:		Classroom (15)	Departmental (30)		
c. Extension:		Single Communities (15)	Multiple Communities (30)		
d. Institutional:	School-wide (10)	Not prioritized	Prioritized (30)		
2. Technical Quality (30)	CONCEPT CLARITY rate	METHODS rate	GRAMMAR COHERENCE rate	TOTAL	___
3. Benefits, impact on. (30)	CRS DISCIPLINE rate	QUALITY OF LIFE rate	INSTRUCTIONS rate	TOTAL	___
4. PUBLISHABILITY (10)	INTERNATIONAL <input type="checkbox"/> 10 PTS	CHED ACCREDITED <input type="checkbox"/> 5 PTS	NON <input type="checkbox"/> 0 PTS	SCORE	rate
Total Merits/Score (X of 100):				TOTAL	___

Proposed Budget: [Click here to enter text.](#) Duration: Start: [enter a date.](#) End: [enter a date.](#)
 Funding Source: [Click here to enter text.](#)

COMMENTS/REMARKS

[Click here to enter text.](#)

TIMELINES			
#	DETAILS	DATES/SCHEDULES	ACTIONS
1	Click here to enter text.	Click here to enter text.	Click here to enter text.
2	Click here to enter text.	Click here to enter text.	Click here to enter text.
3	Click here to enter text.	Click here to enter text.	Click here to enter text.
4	Click here to enter text.	Click here to enter text.	Click here to enter text.

RECOMMENDED RESEARCH LOAD for the Project: (to be filled up by evaluation committee)

Number of Units: 2 units 4 units 6 units 9 units
 Semester : First Second Summer
 Academic Year: [Click here to enter text.](#) Research Load On Top

RECOMMENDATION BY CPRDS

Recommended Not Recommended

Faculty Research Coord: ENGR. RANDY K. SALAZAR Signature/Date: [Click here to enter a date.](#)

CPRDS Director: MR. ENGLEVERT P. REYES Signature/Date: [Click here to enter a date.](#)

APPROVAL BY THE SCHOOL BOARD

Action: Approved Not Approved

VP-Academics: REV. FR. PERSIUZ JOSEPH M. DECENA, OAR Signature/Date: [Click here to enter a date.](#)

President: REV. FR. EDUARDO S. CELIZ JR., OAR Signature/Date: [Click here to enter a date.](#)