SCIENCE EDUCATION INSTITUTE

Department of Science & Technology

Accelerated Science & Technology Human Resource Development Program

(UP Diliman-ASTHRDP)

**STUDENT RESEARCH SUPPORT FUND**

**Research Grant**

NAME: DATE:

DEGREE & COURSE:

START OF SCHOLARSHIP:

LBP Acc No. (10digits):

|  |  |
| --- | --- |
| **REQUIREMENTS CHECKLIST** | **🗹** |
| Request letter is duly endorsed by the Adviser & Institute/Unit Director  | **⬜** |
| Accomplished the Research Grant Application Form | **⬜** |
| Accomplished the Research Grant Evaluation Form | **⬜** |
| Accomplished the Research Breakdown Form | **⬜** |
| Certificate of Approved Thesis Proposal | **⬜** |
| AbstractGantt Chart / Work Plan (Indicate month & year)Line Item Budget for Thesis/Dissertation AllowanceLine Item Budget for Research GrantQuotation per ALL items- Research Grant only | **⬜****⬜****⬜****⬜****⬜** |

☞*To be fill up by ASTHRDP Staff only…*

EVALUATION: **⬜Complete ⬜Approved by Project Leader ⬜Disapproved**

REMARKS:

EVALUATED BY:

DATE OF APPROVAL: