SCIENCE EDUCATION INSTITUTE

Department of Science & Technology

Accelerated Science & Technology Human Resource Development Program

(UP Diliman-ASTHRDP)

**Tuition fees for Thesis/Dissertation Courses**

**or Defense fees during Official Extension**

NAME: DATE:

DEGREE & COURSE:

START OF SCHOLARSHIP:

Landbank account no. (10digits):

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| --- | --- |
| **REQUIREMENTS CHECKLIST** | **✓** |
| Request letter duly endorsed by the Adviser and Institute Director | 🞐 |
| Certification signed by the Adviser and the Department Chair, wherein the specific date of the Final defense is indicated | 🞐 |

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

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

REMARKS:

EVALUATED BY:

DATE OF APPROVAL: