|  |  |
| --- | --- |
| 1. Name of Fellow: (Last, First, Middle)
 | Preferred Pronouns and Name (if different from legal name) |
| 1. Type of Fellowship: □ Local □ Foreign □ PhD Incentive Grant □Alternate Study (Sandwich) Grant
 |
| 1. Department/Institute
 | 1. College
 | 1. Constituent University
 |
| 1. Position and Rank
 |
| 1. Renewal for Academic Year Start Date of Fellowship

 (DD/MM/YYYY) | (For OVPAA Staff Only)Years in UP Fellowship **□** 1st **□** 2nd **□** 3rd **□** 4th **□** 5th  |
| 1. Program enrolled in:

□ Master’s □ PhD □ Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Degree Program | College | University |
|  |  |  |
| 1. Date of last enrollment in the program (MM/YYYY):
 |
| 1. For Foreign Fellows:

Are there any changes in the approved budgetary requirements for the next academic year? □ Yes □ No**If yes, submit a request for additional funding endorsed by the unit and CU.** |
| 1. Expected financial support to be received from OVPAA in the 1st tranche:

□ Tuition fee □ Academic Award □ Local Stipend  □ Book Allowance □ Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. To certify the correctness of this form, please attach the following:
2. Annex 1a, Certification from Program Adviser
3. Annex 1b, Copy of Grades
4. Annex 2a, Program Milestones
5. Annex 2b, Study/ Work Plan
6. Annex 3, Copy of Liquidation Report submitted to CU Accounting Office (For Foreign and Local Fellows Enrolled Outside the UP System only)
 |
| ***This is to confirm the accuracy of the information provided in this form and to consent to its use in accordance with data privacy regulations of the university:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fellow’s Name, Signature, and Date |
| ***In endorsing this renewal application, we are extending our commitment to ensuring the success of the fellow. We will continue to engage in effective communication with the OVPAA regarding the applicant's progress. We will make every effort to facilitate the applicant’s return to duty upon conferment of the degree.*** |
| 1. Chair/Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name, Signature, and Date | 1. Dean

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name, Signature, and Date |
| 1. Vice-Chancellor for Academic Affairs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name, Signature, and Date | 1. Chancellor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name, Signature, and Date |
| **Approval:**  |
| **□** For release of fellowship benefits **□** For compliance of Renewal Application requirement Name, Signature, and DateVice President for Academic Affairs |

**Annex 1a. Certification of Progress of Program from Adviser**

This is to certify that NAME has made good progress and has been partially fulfilling the requirements for the degree of PROGRAM under my supervision. The student has also made progress in the following:

□ Ongoing coursework

□ Completed coursework

□ Dissertation stage (Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

□ Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed,

ADVISER’S NAME

ADVISER’S TITLE/POSITION

DEPARTMENT/INSTITUTION

DATE

**Annex 1b. Copy of grades.** Note: You may attach your grades in any format applicable (e.g., screenshot of portal, email).

**Annex 2a. Program Milestones.** Note:This should include the activities done for the 1st half of the academic year, per month, and the location/place where these activities took place.

|  |  |  |
| --- | --- | --- |
| Period(Month) | Activity | Place/Location |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Annex 2b. Work Plan/Study Plan.** Note: This should include the activities to be undertaken in the 2nd half of the academic year containing details on the specific activities that will be carried out, duration and the location/place where the activities will take place.

|  |  |  |
| --- | --- | --- |
| Period(Month) | Activity | Place/Location |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Annex 3. Copy of Liquidation Report submitted to CU Accounting Office (For Foreign and Local Fellows Enrolled Outside the UP System only).** Note: This must be signed and endorsed by CU Accounting Office.