|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | College | | | | Constituent University | | |
| 1. Position and rank | | 1. Employment status   □ Permanent  □ Temporary until (MM/YY) | | | | | | 1. Years of Service (MM/YY start of appointment) |
| 1. E-mail Address | | 1. Contact Number   Office:  Mobile: | | | | | | 1. Age |
| 1. Undergraduate, Post-Baccalaureate, Professional, and Graduate Degrees Earned | | | | | | | | |
| School | | | Degree Completed | | | | | Year Graduated |
|  | | |  | | | | |  |
|  | | |  | | | | |  |
|  | | |  | | | | |  |
| (If currently enrolled in PhD Program) | | | | | | | | |
| Program Name/University | | | Number of units completed | | | | | Status |
| 1. Degree Program (or equivalent terminal degree) being applied for (*Note: Acceptance is required before grant of fellowship)*   □ Master’s □ PhD □ Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| School/University | Name of Degree Program | | | | | | Period of Study  (e.g. Month/Year – Month/Year) | |
|  |  | | | | | |  | |
| 1. Previous academic positions and/or relevant work experience | | | | | | | | |
| 1. Publications/Scholarly/Creative Work. Please provide complete bibliographic details for the last five years. | | | | | | | | |
| 1. Are you currently awaiting confirmation for a scholarship, either locally or internationally?   □ No □ Yes, please specify the name of the scholarship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 1. What is the current status of your scholarship application?   □ In process □ Approved □ Denied | | | | | | | | |
| 1. If approved, please provide details regarding your financial support, including the amount, entitlements, and duration of the support. | | | | | | | | |
| 1. Is the PhD program offered in any of the UP Constituent Universities?   □ No □ Yes, please specify UP unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 1. Brief statement on the reason for your choice of the program and school. Elaborate on how this choice aligns with the strategic goals of your unit and CU. Highlight the relevance of the program to your prior graduate studies and other academic pursuits. Additionally, underscore how this choice harmonizes with your unit's Internal Academic Assessment Development System (IAADS). | | | | | | | | |
| 1. Brief information on the university/school and the degree program. | | | | | | | | |
| 1. In 5-10 sentences, describe the anticipated outputs that the university can expect from your fellowship program. Clarify how these outputs will contribute to the attainment of your department or unit's goals. | | | | | | | | |
| ***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 application, we are committed to ensuring the success of the applicant. We pledge 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:** | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Signature and Date Vice President for Academic Affairs | | | | | | | | |

***Reminder: Applicants are strongly encouraged to initiate the application process promptly upon receiving their notice of admission from the (host) university. Please note that the UP System OVPAA will only process applications that are duly endorsed by CU officials. The processing of FRASDP applications can take a minimum of two months, including CU-level endorsement, OVPAA evaluation, budget clearance, and approval of the President. Be aware that processing times in your respective CUs may extend beyond this period. Kindly consider this information and plan your application process accordingly.***

|  |  |
| --- | --- |
| 18. Please attach the following: | |
| Annex 1 Annex 2 Annex 3 Annex 4  Annex 4A    Annex 5  Annex 5A    Annex 5  Annex 5A      Annex 6      Annex 6a | **For both local and foreign fellowship:**  Letter of acceptance into degree program  Notice of award of scholarship, if applicable  Unit Faculty Development Plan  Copy of academic calendar and academic program of the Host University  Study Plan for Year 1    **Applicants for Foreign Fellowship:**  Proposed budget  Basis for proposed rates from school catalogue, airlines quotations, etc. (Please itemize the basis in using a spreadsheet, with links to documents, websites, etc. You may also provide printouts/screenshots of the documents with English annotations as necessary.)    **Applicants for Local Fellowship Outside UP System:**  Proposed budget  Basis for proposed rates from school catalogue, etc. (Please itemize the basis in using a spreadsheet, with links to documents, websites, etc. You may also provide printouts/screenshots of the documents with English annotations as necessary.)    **If applicable:**  Notification of approval of the renewal of your temporary appointment/letter from Dean/Department Head regarding the status of your faculty appointment. (For temporary appointment only)  Include progress report from Supervisor and copy of grades for applicants who are currently enrolled in a program |

Annex 3. *Unit Faculty Development Plan*

|  |  |  |
| --- | --- | --- |
| Constituent University | College | Department/Institute |

1. Faculty Profile (as of First/Second Semester, AY \_\_\_\_\_\_\_)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rank/Educational Attainment | PhD | Master’s | Baccalaureate | Post-doc |
| Number of full professors |  |  |  |  |
| Number of associate professors |  |  |  |  |
| Number of assistant professors |  |  |  |  |
| Number of instructors |  |  |  |  |
| Total number of faculty |  |  |  |  |

1. Five-Year Faculty Development Plan
2. Niche(s) or area(s) of expertise being developed by the unit

|  |  |
| --- | --- |
| Niche(s)/Area(s) of Expertise | Name of Faculty being developed |
|  |  |
|  |  |
|  |  |

1. Continuing Education Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Plan/Activity | Name of Faculty | | | | |
| AY 20\_\_-20\_\_ | AY 20\_\_-20\_\_ | AY 20\_\_-20\_\_ | AY 20\_\_-20\_\_ | AY 20\_\_-20\_\_ |
| 1. Graduate studies |  |  |  |  |  |
| 1. PhD |  |  |  |  |  |
| 1. Master’s |  |  |  |  |  |
| 1. Post-doctoral studies |  |  |  |  |  |
| 1. Trainings |  |  |  |  |  |
| 1. Others |  |  |  |  |  |

Annex 5. *Proposed Budget*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Items/(Indicate Currency)** | **Year 1** | | | **Year 2** | | | **Year 3** | | | **Year 4** | | |
| **Amount required** | **Scholarship (if any)** | **Amount requested** | **Amount required** | **Scholarship (if any)** | **Amount requested** | **Amount required** | **Scholarship (if any)** | **Amount requested** | **Amount required** | **Scholarship (if any)** | **Amount requested** |
|
| 1. *Academic Costs* |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Tuition fee (Currency) |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. *Living Costs* |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Accommodation |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Food |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Local Transportation |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. *Pre-travel expenses* |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Visa fees |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. *Foreign travel* |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Airfare (two one-way tickets; first & last year only) |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. *Books* |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |  |  |  |  |  |
| Estimated Grand Total  (in PhP) |  | | | Exchange rate:  As of: | | |  |  |  |  |  |  |

\*sample items only

Note:

1. For the estimate of the Grand Total amount in PhP, please use exchange rates from [www.xe.com](http://www.xe.com).

2. Please indicate the currency used in the table.

2. Please attach a screenshot of the basis for each expense item under Annex 5B.