OVPAA-VPP Form 7.1

1”x 1”

Recent Photo



# UP VISITING PROFESSOR PROGRAM

# EXTERNAL QUALITY ASSURANCE REVIEWER

# Application Form

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name (Last, First, Middle) | | | | | | | | | |
| 2. Sex assigned at birth: 🗖 Male 🗖 Female | | | | | | | | | |
| 4. Birth Date: | Place: | | | | | Citizenship: | | | |
| 5. Residence Address: (No., Street, City, State, Country, ZIP Code) | | | | | | | | | |
| 6. Contact Nos.: Residence: | | | | | Mobile: | | | | |
| 7. E-mail address/es: | | | | |  | | | | |
| 8. Field/s of specialization: | | | | | 9. Highest degree:  Earned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 10. Position/Title: | | | | | | | | | |
| 11. Affiliation: | | | | | | | | | |
| 11.1. Mailing address: (No., Street, City, State, Country, ZIP Code) | | | | | | | | | |
| 11.2 Contact Nos: | | | 11.3 E-mail address/es: | | | | | 11.4 Website: | |
| 12. Present/Previous Projects/Collaborations/Other Engagements with UP Units (Attach as Annex 5)  Description of Involvement/Engagement UP Unit Inclusive dates Specific host | | | | | | | | | |
| 13. QA Trainings Attended, if any (Attach as Annex 6)  Accrediting/assessing body Type of training Inclusive dates | | | | | | | | | |
| 14. Previous QA Reviews/Assessments/Accreditations Conducted, if any (Attach as Annex 7)  Higher education institution/Organization Brief Description of Program/Organization reviewed/assessed Inclusive dates | | | | | | | | | |
| 15. Mode of external review:  🗖 Face-to-face 🗖 Virtual  15. 1 Travel information (if face-to-face) | | | | | | | | | |
| Date of arrival: | | Length of stay: | | | | | Type of Visa: | | |
| 16. Support requested (Annex 8) | | | | | | | | | |
| Particulars: Face to Face Mode | | | | | | | | | Amount |
| Airfare (for Reimbursement) | | | | | | | | |  |
| Living Allowance for accommodation & meals (Max. of P50,000.00/month) | | | | | | | | |  |
| Total | | | | | | | | |  |
| Particulars: Virtual Mode | | | | | | | | |  |
| *Note: In cases where the Visiting Professor engagement is through* ***virtual mode****, a* ***resource fee*** *will be provided instead of the airfare and living allowance. The resource fee will be determined using the formula prescribed in the* ***DBM Circular No. 2007-1 as guide (****based on the**Revision of the Visiting Professor Program Guidelines, approved by the BOR during its 1358th meeting on 26 February 2021).* | | | | | | | | |  |
| Total | | | | | | | | |  |
| 17. Work plan (Attach as Annex 9)  17.1 Name of host faculty/Quality Assurance (QA) Officer:  17.2 Host college, institute/department, Constituent University:  17.3 Program to be reviewed/assessed:  17.4 Write-up from the applicant (host faculty/QA Officer) on the objectives of the visit, pre- and post-QA review/assessment activities, and the assessment visit | | | | | | | | | |
| 18. Certification  I certify that the foregoing information are true and correct to the best of my knowledge.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name Signature over Printed Name  Visiting Professor Host Faculty/Quality Assurance Officer | | | | | | | | | |
| 19. Workplan approved and application endorsed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name Signature over Printed Name Signature over Printed Name  Chair/Director Dean CU Quality Assurance Officer  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name  Chancellor | | | | | | | | | |
| 20. Recommending Approval  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MARIA CYNTHIA ROSE BANZON BAUTISTA  Vice President for Academic Affairs | | | | 21. Approval  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DANILO L. CONCEPCION  President | | | | | |

**Reminders:**

1. Host faculty/QA Officer should fill-out the form. Please answer all applicable questions.
2. Please initiate travel preparations for the visit to the Philippines of the Visiting Professor ONLY after the unit has been advised by the OVPAA to do so.
3. Please attach the following requirements:
   1. Annex 1: Any of the following: photocopy of diploma OR transcript of academic record OR a certification of academic achievements from a credible local or international public/private institution/association;
   2. Annex 2: Endorsement/Invitation letter from a UP unit;
   3. Annex 3: Copy of any foreign license OR any valid documents for identification;
   4. Annex 4: Detailed/Updated Curriculum Vitae of the Visiting Professor with emphasis on the following:

- Educational Background

- Field of Specialization

- Areas of Research Interest

- Professional/Employment/Work History including significant scientific, technological

and/or entrepreneurial activities undertaken

- Significant achievements (up to 3) made related to your expertise or profession

- Relevant Trainings, especially QA Trainings Attended

- Fellowship or Grants Received and year of award

- Major Publications

3.5 Annex 5: Item 12, on Present/Previous Projects/Collaborations/Other Engagements with UP Units

3.6 Annex 6: Item 13, on QA Trainings Attended, if any

3.7 Annex 7: Item 14, on Previous QA Reviews/Assessments/Accreditations Conducted, if any

3.8 Annex 8: Item 16 Support Requested/Budget

*Note: Unit will be notified once application is approved. Transfer of funds will*

*commence upon receipt of e-ticket for airfare*

3.9 Annex 9: Item 17.4 Write-up from the applicant (host faculty/QA Officer) on the objectives of the visit, pre- and post-QA review/assessment activities, and the assessment visit

4.0: Signed and notarized UP Confidentiality and Non-Disclosure Agreement.

Annex 5

12. Present/Previous Projects/Collaborations/Other Engagements with UP Units

|  |  |  |  |
| --- | --- | --- | --- |
| Description of involvement/engagement | UP unit | Inclusive dates | Specific host |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Annex 6

13. QA Trainings Attended, if any

|  |  |  |
| --- | --- | --- |
| Accrediting/assessing body | Type of training | Inclusive dates |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Annex 7

14. Previous QA Reviews/Assessments/Accreditations Conducted, if any

|  |  |  |
| --- | --- | --- |
| Higher education institution / organization | Brief description of program/organization reviewed/assessed | Inclusive dates |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

ANNEX 8

16. Support Requested / Budget

|  |  |  |
| --- | --- | --- |
| Face to Face Mode\* | | |
| Particulars | No. of days | Amount |
| Airfare |  |  |
| Living Allowance for accommodation & meals (Max. of P50,000/mo.) |  |  |
| Total |  |  |

\*Sample: Budget Proposal for UP Visiting Professor Program in Faceto Face Mode

|  |  |  |  |
| --- | --- | --- | --- |
| Particulars | Cost/day | Number of days | Amount |
| Round trip airfare |  |  | Php 50,000 |
| Accommodation | Monthly rate\*\* | X 1 month | 15,000 |
| Transportation & Incidental Expenses | Php 200.00 | X 30 days | 6,000 |
| Meals | Php 800.00 | X 30 days | 24,000 |

\*\*Based on Balay Kalinaw, UP Diliman, rate for single studio unit.

|  |  |  |
| --- | --- | --- |
| Virtual Mode\*\*\* | | |
| Particulars | No. of days | Amount |
| Resource fee |  |  |
|  |  |  |
| Total |  |  |

*\*\*\*In cases where the Visiting Professor engagement is through* ***virtual mode****, a* ***resource fee*** *will be provided instead of the airfare and living allowance. The resource fee will be determined using the formula prescribed in the*

***DBM Circular No. 2007-1 as guide (****based on the**Revision of the Visiting Professor Program Guidelines, approved by the BOR during its 1358th meeting on 26 February 2021):*

* *Total Minimum Honorarium = (0.023)(MSRmin)(T)*
* *Total Maximum Honorarium = (0.023)(MSRmax)(T)*

Where:

MSRmin = monthly salary rate of the EQA reviewer

MSRmax = monthly salary rate of a position of Professor VI, step 1 of SG-29

T = number of actual review/assessment hours

Annex 9

17. Work plan

|  |
| --- |
| 17.1 Name of faculty host/QA Officer: |
| 17.2 Host college, institute/department, Constituent University: |
| 17.3 Program to be reviewed/assessed: |
| 17.4 Write-up from the applicant (host faculty/QA Officer) on the objectives of the visit, pre- and post-QA review/assessment activities, and the assessment visit |

