

UC SECRETARIAT
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UNIVERSITY CONSORTIUM SEED FUND FOR COLLABORATIVE RESEARCH GRANTS APPLICATION FORM

I. GE 1.	NERAL INFORMATION Name of Applicant (Lead Proponent)	Attach
2.	Gender: Male Female 3. Birthdate:	Recent
4. I	Home address:	Here
5.	Contact No.: 6. Email address:	
7.	Nationality: 8. Highest Degree Earned: 9. Date Attained:	
10.	Area of Specialization:	
11.	Position Title/Academic Rank:	
12.	Home Institution:	
13.	Address of Home Institution:	
I DE	ETAILS OF COLLABORATIVE RESEARCH PROPOSAL (Use separate	e sheets if necessary)
2.	Rationale:	
3.	Amount Requested from the University Consortium:	
4. 5.	Period of conduct of research (inclusive dates): FromCollaborators:	To:
	Name & Designation Institution	Email address
III.	DOCUMENTS ATTACHED (pls. check)	
	☐ Curriculum Vitae of lead proponent and collaborators	
	\square A copy of the concept paper with rationale, objectives, expected output/outbudget, schedule of activities	tcome, line-item
	\square Certificate or proof of financial support from other sources, if any	
plicant's	Signature: Date filed:	
dorsed b	y:Name/Signature of UC Coordinator	