

**UNIVERSITY CONSORTIUM STUDENT THESIS GRANT
FOR RESEARCH ACTIVITIES
APPLICATION FORM**

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I. GENERAL INFORMATION

1. Name of Applicant: _____
2. Home Address: _____
3. Contact No.: _____ Email Address: _____
4. Nationality: _____ Passport No.: _____
5. Home University: _____
6. Degree Program and Specialization: _____
7. Thesis Title: _____

8. Name of Thesis Supervisor: _____
9. Total Amount of Budgetary Requirement: _____
10. Amount Requested from the University Consortium _____
11. Amount obtained from other sources, if any (please indicate the source of funding):

II. DETAILS OF PROPOSED RESEARCH ACTIVITIES:

1. Duration of intended research activities (inclusive dates)
From: _____ To: _____
2. List of research activities (use separate sheets if necessary):

Activity	Inclusive Dates	Target Output

III. DOCUMENTS ATTACHED: (Please check)

- Letter of Application endorsed by the UC Coordinator of the UC member university where the applicant is pursuing his/her graduate program.
- Approved thesis proposal/outline and budgetary requirement endorsed by the Advisory Committee and/or the Dean of the Graduate School
- Certificate or proof of financial support from other sources, if any

Signature of Applicant: _____ Date Filed: _____

Endorsed by: _____
Name and Signature of UC Coordinator

To Applicant: Submit duly accomplished form together with supporting documents to the UC Coordinator of your university. List of UC Coordinators and contact details may be found at <https://uc.searca.org/about/university-consortium-officials>