

TERMS OF REFERENCE (for DLSU Faculty Members only)

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Name:			Project Role/Position:		
Amount of Hono	rarium:	1	Appointment Duration:		
Project Title:					
Name of Project	Leader:		Project Account Number	:	
Project Objective	es:				
Please see propo	osals.				
Responsibilities	of □ Project Leader □	Project Meml	per 🗆 Consultant		
Implementing Center/Institution//Unit:		University Research Coordination Ofice			
	ter/Institution/Unit has to r e to support the honorarium				
	Signatur	e over Printed	Name		
CONFORME:					
	Project Team Member	Date	Faculty Proponen	nt Date	
NOTED BY:	De Franklis D. A. Daniele	TTT	D D d C' 12	D 77	
	Dr. Feorillo P. A. Demeterio URCO Director	Date	<u>Dr. Raymond Girard I</u> VCRI	R. Tan Date	