

No SCIENCE EDUCATION INSTITUTE
Department of Science and Technology

Accelerated Science and Technology Human Resource Development Program
STUDENT RESEARCH SUPPORT FUND-RESEARCH GRANT BREAKDOWN FORM

Date: _____
 Name: _____ Course: _____
 School: _____ Sem/AY Started Working on Thesis/Dissertation: _____
 Title of Thesis/Dissertation: _____
 Thesis/Dissertation Adviser: _____

PARTICULARS	SOURCE OF FUNDING		REMARKS/ JUSTIFICATION	APPROVED AMOUNT (To be filled-up by the Project Staff)
	OUTRIGHT THESIS/ DISSERTATION GRANT (A)	RESEARCH GRANT (B)		
TOTAL				

Particulars: Detailed information of services/materials etc.
 Source of Funding: Indicate the amount for each item in the particulars and where it will be charged
 Remarks: Justification for need of certain materials/services, etc. under the particulars

Prepared by:

Certified Correct:

Evaluated by:

Approved by:

Signature over Printed Name of Scholar

Signature over Printed Name of
Thesis/Dissertation Adviser

ANTONETTE P. PROFETA

Signature over Printed Name of
ASTHRDP Project Staff

DR. MARY JANE C. FLORES

Signature over Printed Name of
ASTHRDP Project Leader