



Office of the Research and  
Grants Management

**TERMS OF REFERENCE  
(for DLSU Faculty Members only)**

Name:	<input type="text"/>	Project Role/Position:	<input type="text"/>
Date of birth:	<input type="text"/>	Course/Degree:	<input type="text"/>
Amount of Honorarium:	<input type="text"/>	Appointment Duration:	<input type="text"/>
Project Title:	<input type="text"/>		
Name of Project Leader:	<input type="text"/>	Project Account Number:	<input type="text"/>
Project Objectives:	<input type="text"/>		

Responsibilities of ☐ Project Member ☐ Project Leader ☐ Consultant

Implementing Center/Institution:

\*Note: The Research Center has to make sure that the appropriate project funds are available to support the honorarium of the said Project Member/ Project Leader.

Signature over Printed Name

CONFORME:

_____	_____	_____	_____
Project Member	Date	Project Leader	Date

NOTED BY:

_____	_____
Center Director	Date

<u>Dr. Feorillo Demeterio III</u>	_____	<u>Dr. Raymond R. Tan</u>	_____
RGMO Executive Director	Date	VPRI	Date