

**INSTITUTIONAL FACULTY RESEARCH OFFICE  
DE LA SALLE – DASMARIÑAS  
Dasmariñas, Cavite**

**MATERIALS DEVELOPMENT PROJECT APPROVAL FORM**

1. Project No.: \_\_\_\_\_
2. Title: \_\_\_\_\_  
\_\_\_\_\_
3. Proponent(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Nature of the Project: \_\_\_\_\_
5. Numbers of Units Assigned: \_\_\_\_\_ ( ) Overloading ( ) Deloading
6. Duration: \_\_\_\_\_
7. Source of Funding
- Internal (Institutional Faculty Research Office)
  - External (pls. specify) \_\_\_\_\_
  - Personal

Total Budget: \_\_\_\_\_

APPROVED BY:

Institutional Faculty Research Council:

\_\_\_\_\_  
Presiding Officer/Director, IFRO

Date: \_\_\_\_\_

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**BUDGET PROPOSAL**  
(For Internal Funding Only)

Research Title: \_\_\_\_\_

Proponent(s): \_\_\_\_\_

**Breakdown of Research Expenses:**

	Proposed Budget	Approved Budget
1. Typist	_____	P1,500.00
2. Materials and Supplies: (PLEASE ITEMIZE)	_____	_____
3. Travel and Transportation: (PLEASE ITEMIZE)	_____	_____
4. Others: _____	_____	_____
_____	_____	_____
_____	_____	_____
5. Evaluation:		
(2) Internal Evaluators	_____	P1,000.00
(1) Editor	_____	P 500.00
(1) External Evaluator	_____	P1,500.00
<b>TOTAL</b>	_____	_____

**Computation of Research Overload Pay:**

Name/Rank	Rate/hour	Number of Hours	Amount*
_____	_____	_____	P _____
_____	_____	_____	P _____
_____	_____	_____	P _____
		TOTAL	P _____

Date Accomplished: \_\_\_\_\_

Date Approved: \_\_\_\_\_

**TOTAL AMOUNT OF RESEARCH GRANT:** \_\_\_\_\_

**INSTITUTIONAL FACULTY RESEARCH OFFICE  
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**DEPARTMENTAL ACTION**

1. Materials Development Project Title: \_\_\_\_\_

\_\_\_\_\_

2. Proponent(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Materials Development Project Appraisal  
(Please indicate comments/reactions/suggestions on the proposed project.)

4. Recommendation:

( ) For approval ( ) For disapproval

( ) For conditional (specify conditions):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Recommended by:

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
CRC Chair

\_\_\_\_\_  
College Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**RESEARCH PROJECT PROPOSAL FORM**

1. Materials Development Project Title: \_\_\_\_\_

2. Proponent(s):

	Name	Dept./College	Status (FT/PT)	Rate/hour
2.1 Principal Proponent	_____	_____	_____	_____
2.2 Co-proponent(s)	_____	_____	_____	_____
	_____	_____	_____	_____

3. Name of Project:

3.1 Type of materials to be developed

Textbook	( )	Manual	( )
Case Book	( )	Workbook	( )
Others	( )	Module	( )
(pls. specify)	_____		

3.2 Nature of Development

Authorship	( )
Edition	( )
Revision/update of existing materials	( )
Others	( )
(pls. specify)	_____

4. Signature(s) of Proponent(s):

Date

_____	_____
_____	_____
_____	_____

5. Date Submitted: \_\_\_\_\_

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**MATERIALS DEVELOPMENT PROJECT PROPOSAL FORM**

1. Materials Development Project Title: \_\_\_\_\_  
\_\_\_\_\_
2. Rationale of the material (Indicate its importance/significance to the subject and to the end-user of the project.)
3. Expected output or outline of content into chapters, units or sections (This includes a brief description of each part/section.)
4. Rationale for the division and inclusion of topics.
5. Work plan (This includes the chronological order of activities to be done to develop the proposed project.)
6. Working bibliography.

\_\_\_\_\_  
Date

Note: Please use a separate sheet in accomplishing form no. 5.