

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

**RESEARCH PROJECT APPROVAL FORM**

1. Project No.: \_\_\_\_\_
2. Title: \_\_\_\_\_  
\_\_\_\_\_
3. Proponents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Nature of the  project: \_\_\_\_\_
5. Numbers of  its 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: \_\_\_\_\_

INSTITUTIONAL FACULTY RESEARCH OFFICE  
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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: \_\_\_\_\_

**FORM NO. 3**

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

**DEPARTMENTAL ACTION**

1. Research Project Title: \_\_\_\_\_

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

3. Research 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

**INSTITUTIONAL FACULTY RESEARCH OFFICE  
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**RESEARCH PROJECT PROPOSAL FORM**

1. Research Project Title: \_\_\_\_\_  
\_\_\_\_\_

2. Proponent(s):

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

3. Nature of the Research Project (Pls. check).

3.1 Basic ( )

3.2 Applied ( )

3.3 Action ( )

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

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**RESEARCH PROJECT PROPOSAL FORM**

1. Research Project Title: \_\_\_\_\_  
\_\_\_\_\_
2. Background of the study (This refers to the overview of the project discussing the factors that lead to the conceptualization of the problem.)
3. Review/survey of related literature (This refers to the body of literature directly related to the study being proposed or a discussion on how the research proposal is related with the contemporary researches in the field.)
4. Conceptual/Theoretical framework of the study (This include a discussion of the different theories and models that provide the conceptual underpinning of the study or the legitimate bases for defining its parameters.)
5. Statement of the problem
  - 5.1 General problem
  - 5.2 Specific problem(s)
6. Scope and limitation (This refers to the inclusive frame of reference as well as procedural limits of the study.)
7. Methodology (This refers to the inclusive frame of reference as well as procedural limits of the study.)
8. Working bibliography.
9. Work plan (This includes a brief description in chronological order of each activity to be undertaken in the conduct of the study. The starting date and plan, completion date are indicated in year and month.)

\_\_\_\_\_  
Date

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