



FRP Form 1C – Request for Research Load

PROPONENT'S NAME:

RESEARCH PROJECT TITLE:

RECOMMENDED RESEARCH LOAD

Number of Units:

3 units 6 units 9 units 12 units

Semester:

First Second Summer

Academic Year: _____

REMARKS AND JUSTIFICATIONS (if any)

Recommended by: _____
Dean/Principal/Head

Signature & Date

Endorsed by: _____
DR. AGNES C. SEQUIÑO
CPRDS Director

Signature & Date

Approved by: _____
REV. FR. LEO G. ALARAS, OAR
Vice President for Academics

Signature & Date

REV. FR. CRISTOPHER C. MASPARA, OAR
University President

Signature & Date