



Date: _____

RI Request Form

Check the items you are requesting from this office:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1.Submission for Paper Presentation(External Invitation) |
| <input type="checkbox"/> | 2. Submission for Publication |
| <input type="checkbox"/> | 3.Submission for Patent |
| <input type="checkbox"/> | 4. Submission for Copyright |
| <input type="checkbox"/> | 5. Certification of Workload Unit |
| <input type="checkbox"/> | 6.Permit to Conduct |
| <input type="checkbox"/> | 7.Certification for Budget Allocation |
| <input type="checkbox"/> | 8.Certification for Appointment for Researcher |
| <input type="checkbox"/> | 9.Certificate of Appearance |
| <input type="checkbox"/> | 10. Submission of Reports (Narrative, Travel, Accomplishment, etc) |

Requestor:

Name: _____

Position/Designation: _____

Signature: _____

Approved

☐

Disapprove

☐

Approved by: _____