



BUKIDNON STATE UNIVERSITY

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OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS

Center for Innovative Teaching and Learning

Educate
Innovate
Lead

Endorsement of the Instructional Material
(Implementation Phase)

The Director CITL
Bukidnon State University

Sir/Madam:

I/We would like to request for the review of my/our instructional material herein named, duly reviewed and endorsed by the department/program and college with which the author/s is /are affiliated. The data pertaining to aforementioned work follow:

1. Name of Author/Applicant: _____
2. Title of IM: _____
3. IM Type: (Module, Course File, Worktext, Textbook, etc., please specify): _____
4. Course Code and Course Descriptive Title for which this IM will be used: _____
5. Semester this IM will be used:
☐ Summer ☐ 1st sem only ☐ 2nd sem only ☐ Every sem.
6. Do you agree to have a Student Evaluation Form included in the IM?
☐ YES ☐ NO

I agree to accomplish revisions suggested by the panel of reviewers.

Very Respectfully,

(Printed Name & Signature of Applicant)

Reviewed and Endorsed:

IMD Program Coordinator

Program Chair

College Dean

Application received on _____ with 1 Hard copy _____ & Soft Copy _____

Signature of IDD Coordinator