

Academic Work Report of Academic Title Holders
Academic Year 20..
 (June 1, 20.. – May 29, 20..)

Name _____	Last Name _____	Code _____
Academic Title _____	Department/Program _____	
School _____	Telephone _____	E-mail _____

1. Teaching

Semester	Course Code	Course Title	1 Course Credit	2 No of Section	3 Hours/ Week (1 x 2)
1/2019					
2/2019					

(In case of special reduction of teaching hours (other than reduction for administrators), the immediate supervisor's certification and reason of reduction must be submitted.)

2. Advising

Course Code	Course Name	Program Name	Topics	Name of Advisee
Undergraduate Program				
*Senior Project				
*Independent Study				
Graduate Program				
*Independent Study				
*Thesis/ Dissertation				

Remark: Photocopy of the cover page of individual students' senior project, independent study, thesis / dissertation must be attached with form AW I upon submission of the form.

3. Publication/Dissemination of Academic Works

(Kindly use MLA Citation Style and identify weight score according to OHEC's criteria as shown in the appendix)

3.1 Publication of Research Article

Publication of Research Article		Weight	For IRAS Use	
			IRAS' s Verification	
			Accurate	Inaccurate
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>

3.2 Publication of Academic Article

Publication of Academic Article		Weight	For IRAS Use	
			IRAS' s Verification	
			Accurate	Inaccurate
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>

3.3 Publication of Book/Text book

Publication of Book/Text book		Weight	For IRAS Use	
			IRAS' s Verification	
			Accurate	Inaccurate
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the above information is true.

 (.....)
 ____/____/____

 (... ..)
 ____/____/____
 Chairperson / Program Director

 (... ..)
 ____/____/____
 Dean