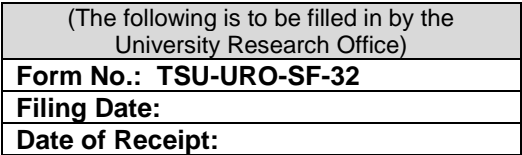




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REVISED RESEARCH CAPSULE PROPOSAL

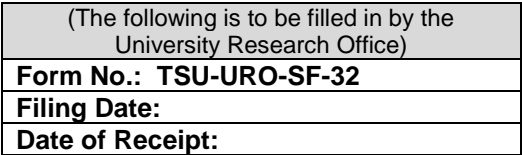
1. BASIC INFORMATION	
TITLE OF THE PROJECT	
Name of Lead Researcher/Project Leader:	
Department/Office/College:	
Contact Number:	
E-mail Address:	
Name of Co-Researcher:	
Department/Office/College:	
Contact Number:	
E-mail Address:	
Name of Co-Researcher:	
Department/Office/College:	
Contact Number:	
E-mail Address:	
(Expand as needed for more researchers) ** Please attach Researcher's Profile Form No. TSU-URO-SF-03 for each researcher.	
IMPLEMENTING UNITS	
Name of Lead Implementing Unit	
Address (es):	
Name of Collaborating Agency (ies), if any:	
Address (es):	
2. TECHNICAL DESCRIPTION OF THE PROJECT	
DESCRIPTION OF THE PROJECT	
SIGNIFICANCE OF THE STUDY	
PROJECT DURATION (No. of months)	LOCATION



REVIEW OF RELATED LITERATURE/STUDIES

METHODOLOGY AND PROCEDURES(Shall include Specimen Handling & Participant/Respondents/Subject Handling)

ETHICAL CONSIDERATION (Details the ethical issues and corresponding measures to reduce the risks to human participants, laboratory animals, and the environment.)



LIMITATION OF THE STUDY

DATA ANALYSIS (Statistical Treatment)

EXPECTED OUTPUT

GAINS OR IMPACT (A compelling effect of the project upon an individual or society as a whole)

INTENDED USERS OF FINDINGS AND OUTPUTS

PROJECT COST (LINE ITEM BUDGET)

A. Communication cost

Item description/ Specification	Unit (pcs, pax, kilo, etc)	Quantity	Unit cost	Total cost
TOTAL COST FOR COMMUNICATION				

B. TRANSPORTATION COST

Item description/ Specification	Unit (pcs, pax, kilo, etc)	Quantity	Unit cost	Total cost
TOTAL COST FOR TRANSPORTATION				

C. HARDWARE/EQUIPMENT COST

Item description/ Specification	Unit (pcs, pax, kilo, etc)	Quantity	Unit cost	Total cost
TOTAL COST FOR HARDWARE/EQUIPMENT				

D. PERSONNEL SERVICES

Personnel in-need	No. of personnel	Total hours to render	Rate/hour	Total cost
TOTAL COST FOR PERSONNEL SERVICES				

*Personnel in-need: Enumerators, Laborer, Technical person, etc.

TIMELINE OF ACTIVITIES

Activity no.	Major/ Sub-activity	Anticipated results	Resources required	Schedule of activities (Gantt Chart)							remarks
				1	2	3	4	5	6	n...	
1											
2											
3											
4											
5											
n											

3. CERTIFICATION

I hereby certify that the information given is true, correct and the research being conducted is authentic. I further signify my commitment to revise the paper as per evaluation results and complete the research within the specified timeframe.

Signature over Printed Name of the Lead Researcher

Date

Signature over Printed Name of the Co-Researcher

Date

Signature over Printed Name of the Co-Researcher

Date

4. ENDORSEMENT FROM CREC TO UREC

<div></div> <div><u>Department Research Chairperson</u></div> <div></div> <div>Date</div>	<div></div> <div><u>College Dean/Head of Office</u></div> <div></div> <div>Date</div>
---	---

5. ENDORSEMENT FROM UREC TO RERC

Director, URO

Date

Vice President, RES

Date

Representative from the Dean's Council

Date

Budget Officer

Date

Funds Available



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6. ENDORSEMENT FROM URO TO THE UNIVERSITY PRESIDENT	
_____	_____
Director, URO	Date
7. UNIVERSITY PRESIDENT APPROVAL	
_____	_____
President	Date

Received Approved Proposal By:

_____	_____	_____
Signature over Printed Name of URO Representative	Position/Designation	Date Received