



(The following is to be filled in by the University Research Office)
Form No.: TSU-URO-SF-01
Filing Date:
Date of Receipt:

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):	



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2. TECHNICAL DESCRIPTION OF THE PROJECT	
DESCRIPTION OF THE PROJECT	Evaluator's Input:
SIGNIFICANCE OF THE STUDY	Evaluator's Input:
PROJECT DURATION (No. of months)	LOCATION



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OBJECTIVES (State general and specific objectives, purpose of the Study including problems intended to be solved, hypotheses to be tested, etc.)	Evaluator's Input:
REVIEW OF RELATED LITERATURE/STUDIES	Evaluator's Input:
METHODOLOGY AND PROCEDURES	Evaluator's Input:



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ETHICAL CONSIDERATION	Evaluator's Input
LIMITATION OF THE STUDY	Evaluator's Input:
DATA ANALYSIS (STATISTICAL TREATMENT)	Evaluator's Input:



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EXPECTED OUTPUT	Evaluator's Input:
GAINS OR IMPACT (A compelling effect of the project upon an individual or society as a whole)	Evaluator's Input:
INTENDED USERS OF FINDINGS AND OUTPUTS	Evaluator's Input:

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/EQUIPMENTS				
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											
6											

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



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_____ Signature over Printed Name of the Co-Researcher		_____ Date
_____ Signature over Printed Name of the Co-Researcher		_____ Date
4. ENDORSEMENT FROM COLLEGE TO UREC		
Please check box indicating your response : <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved If disapproved, state the reason/s hereof_____.		
_____ <u>Department Research Chairpersons</u> _____ Date		_____ College Dean/Head of Office _____ Date

Received Proposal By:

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