



ERDT SCHOLARSHIP APPLICATION FOR THESIS/DISSERTATION GRANT

FORM: ERDT-TDG2011

Degree Program Discipline of Study Thesis/Dissertation Title	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 40px;" type="text"/>	Instructions: 1. Please print legibly. 2. Submit the completed form to: ERDT Office
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1. Family Name (Last name) First Name Middle Name

2. Address

Telephone Numbers

Home
 Mobile
 E-mail

Zip Code:

3. Conferences/Seminars Attended (Use additional sheet if space is not enough)

Name of Conference/Seminar and Place	Date	Extent of Participation
<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>
<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>

4. Research Papers Published or Submitted for Publication

Title of Paper and Name of Journal	Date of Publication or Submission	As Main Author or Co-Author?
<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>
<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>

5. Thesis Information

Name of Thesis Adviser

Name of Thesis Co-Adviser

Number of Units Academic Units Completed in the Program:

GPA for the Courses Leading to the Program Applied for:

6. Work Plan and Timetable

ACTIVITIES	EXPECTED DATE OF COMPLETION
Approval of Thesis/ Dissertation Proposal	<input style="width: 95%; height: 95%;" type="text"/>
Thesis Writing	<input style="width: 95%; height: 95%;" type="text"/>
Thesis Defense	<input style="width: 95%; height: 95%;" type="text"/>
Completion Date of Master's/Doctoral Program	<input style="width: 95%; height: 95%;" type="text"/>

7. I certify that all entries made by me in this form are true, complete and correct to the best of my knowledge and belief.

Date:
Name and Signature of Applicant

Endorsed by:
Name and Signature of Adviser

Date:
Name and Signature of Department Chairman

***** Action of the Committee/ ERDT Project Leader *****

(Please Encircle)

Approval

Disapproval

Remarks:

Name and Signature of the Head of the
Committee/ERDT Project Leader