ATENEO DE MANILA UNIVERSITY
LOYOLA SCHOOLS
Faculty Development Program

FACULTY DEVELOPMENT GRANT - INITIAL APPLICATION (FOREIGN GRANT)

Application Form revised 28 August 2015

Name _____ **ID No** _____
Last First Middle

Department _____ ☐ **SOH** ☐ **JGSOM** ☐ **SOSE** ☐ **SOSS**

Faculty Status: ☐ FULL TIME/PERMANENT ☐ FULL TIME/CONTRACTUAL

Faculty Rank: ☐ ASST INSTRUCTOR ☐ INSTRUCTOR ☐ ASST PROF ☐ ASSOC PROF ☐ PROF

_____ NO. OF YEARS AS FULL TIME FACULTY

Previously applied for a Faculty Development Grant? ☐ YES ☐ NO

If yes, degree pursued _____ **Program/Field** _____

Year Graduated _____ **Service Return (no. of years)** _____

Application to cover: ☐ SCHOOL FEES ☐ INITIAL LIVING EXPENSES ☐ AIRFARE & TRAVEL SUBSIDY

PROGRAM INFORMATION	
DEGREE TO BE PURSUED	**Status of Application:** ☐ Accepted ☐ Pending
PROGRAM AND FIELD	
ENROLLMENT	☐ BY SEMESTER ☐ BY TRIMESTER
UNIVERSITY/INSTITUTE	
PHONE, FAX	
WEB/E-MAIL	
SCHOLARSHIP GRANT(S) INFORMATION	☐ STUDIES ☐ GRANT/FELLOWSHIP Type of Grant/Fellowship _____

Please attach the following:

* Letter of Application
* Acceptance letter from the University
* Contracts and other documents of scholarship and/or grants
* Official Curriculum from the University

CONTACT INFORMATION	
PHILIPPINE/PERMANENT CONTACT	**CONTACT INFORMATION ABROAD**
c/o _____	**c/o** _____
Address _____	**Address** _____
_____	_____
_____	_____
Phone/Mobile _____	**Phone/Mobile** _____
Telefax _____	**Telefax** _____
E-mail _____	**E-mail** _____

Note:

1. Revisions to the program of study must be made applied for and approved by the Faculty Development Program.
2. Airfare, travel tuition & schools fees, and living expenses are all subject to liquidation.

BUDGET SUMMARY

EXPENSE	AMOUNT REQUESTED	EQUIVALENT IN PHP	FOR VPLS USE ONLY	
			AMOUNT APPROVED	FUNDING SOURCE
AIRFARE & TRAVEL				
SCHOOL FEES				
INITIAL LIVING EXPENSES				
TOTAL				

Please attach details if additional space is required.

Signature of Applicant _____ Date _____

Endorsed by:

Chairperson _____ Date _____

Dean _____ Date _____

FacDev Committee Recommendation:

Approved:

Vice President for the Loyola Schools _____ Date _____

ATENEO DE MANILA UNIVERSITY
LOYOLA SCHOOLS
Faculty Development Program

CHAIRPERSON'S RECOMMENDATION TO ACCOMPANY INITIAL APPLICATION

Name _____
Last First Middle

Department _____ ☐ **SOH** ☐ **JGSOM** ☐ **SOSE** ☐ **SOSS**

TO THE CHAIRPERSON: This recommendation is confidential. Please submit this form in a sealed envelope to accompany the Initial Application Form for a Faculty Development Grant. Thank You.

1. **How has the applicant performed as a faculty member in your department?**

_____
_____
_____

Please include evaluation ratings for the past year or two.

Peer evaluation rating: **SY 20__-20__ =** _____ **SY 20__-20__ =** _____
Student evaluation rating: **SY 20__-20__ =** _____ **SY 20__-20__ =** _____

2. **How does the applicant's study/career plans fit into the departmental plans?**

_____
_____
_____

3. **Please comment on the applicant's potential for permanency.**

_____
_____
_____

4. **Do you think that the applicant will be able to fulfill the prescribed years of service return immediately after completion of the degree?**

_____
_____
_____

5. **This faculty member is :** ☐ STRONGLY RECOMMENDED ☐ RECOMMENDED WITH RESERVATIONS ☐ RECOMMENDED ☐ NOT RECOMMENDED

for a Faculty Development Grant.

Chairperson Signature _____
Date _____