**REQUEST FOR THESIS/DISSERTATION FINANCIAL ASSISTANCE**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Date)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

President

Tarlac State University

 ***THRU: The Faculty Scholarship Committee***

 ***The Non-Academic Personnel Scholarship Committee***

Sir:

 In consideration of the privileges provided by the TSU Development Program, may I request for a Thesis/Dissertation Financial Assistance for the completion of my degree. My personal information is hereby provided for your reference:

*Name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*College/Office/Unit*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Status:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Position:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Designation:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Years of Service*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Educational Qualifications:*

Bachelor’s Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Master’s Degree *(pursued/completed)*: \_\_\_\_\_\_\_\_\_\_\_ College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctorate Degree *(pursued)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Title of Research Study*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 In the event that I fail to obtain the degree within one (1) year, I will refund the full amount received from the University and will not be allowed to request the same assistance again.

 Very truly yours,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature over Printed Name)

***\*This is subject to the evaluation of the FSC/NAPSC and OHRDM.***

**RECOMMENDING APPROVAL:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dean/Director Chairman, FSC/NAPSC

Funds available:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Accounting Officer

**APPROVED BY:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President