**UP Form 67-C1d Revised November 2014**

**PROGRESS / FINAL REPORT**

**(ACCOMPLISH ONE PAGE PER PROJECT)**

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| Date Accomplished (MM-DD-YY): |  |
| Academic Year (for which load credit is granted): |  | Sem: |  |

**Notes:** 1) For *FUNDED project*, please submit one **original typewritten** and **signed copy**.

2) For *PERSONALLY-FUNDED project*, please submit online, the report in word file of less than 10 MB, and endorsement in PDF file, at

 <http://projects.ovcrd.upd.edu.ph/ovcrd/>.

3) Only reports with the signed endorsement of Unit Heads will be accepted.

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| **I. FACULTY INFORMATION**

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| **a. Name:**  |  |

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| **b. College/ Unit:**  |  | **Inst./ Dept./ Div.:** |  |

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| **II. RESEARCH/ CREATIVE WORK/ TEXTBOOK WRITING INFORMATION**

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| **Report Type:** |  |  1 Progress Report |  2 Final Report |

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| **c. Project Title:**  |  |

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| **e. Date Started:**  |  | **f. Date of Expected Completion:** |  |

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| **g. Expected Output:** |  |  | **h. Percent of Work Accomplished:**  |  | % |
| 1 research project with corresponding technical report3 accepted, peer-reviewed article in a national/ international journal5 national policy, regulation, bill, or law w/ public acknowledgment | 2 creative work with corresponding permanent documentation4 creative output in a national/ international forum or presentation6 new patent claim |
| 7 others, please specify: |  |

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| **III. FUNDING INFORMATION** (if applicable)

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| **a. Funding Institution’s Full Name:**  |  |

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| **IV. BRIEF DESCRIPTION OF ACCOMPLISHMENT:** (You may enclose together with this form the latest report submitted to the funding institution)* Actual activities undertaken compared to the project objective/s.
* Sample pictures or any proof of creative work, where applicable.
* Activities not accomplished, if any, and the reasons why these were not done.
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| **V. OVCRD has the right to subject the report to peer evaluation.** |

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| **Prepared by:** | **Noted by:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Faculty Member | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name and Signature of Inst.Director/ Dept.Chair/ Div.Head |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |