



UNIVERSITY OF THE PHILIPPINES LOS BAÑOS
College, Laguna 4031 Philippines

REQUEST FOR RESEARCH INTERNSHIP OF UPLB STUDENT AT _____
(RECEIVING OFFICE)

Name of Student:

Undergraduate/Graduate Program:

Specialization:

Proposed Activity:

Name of Proposed Supervisor/Scientist/Researcher:

Justification (additional sheet may be used if necessary):

1. Requested by:

Adviser

Date _____

2. Recommended by:

Director/Dept. Chair

Date _____

3. Endorsed:

Dean

Date _____

4. Endorsed:

AGHAM C. CUEVAS

Vice Chancellor for Academic Affairs

Date _____

5. Action of Receiving Unit/Dept/Division

Recommending Approval/Disapproval

Remarks: _____

Receiving Scientist/Researcher

Date _____

Head of Receiving Unit

Date _____

**6. Action of Head of Receiving Institute/
Center/College**

Approval Disapproval

Head, Institute/Center/college

Date _____