

## CENTRAL PHILIPPINE UNIVERSITY

Jaro, Iloilo City

	Date		

The President Central Philippine University Iloilo City (Through Channels)

Sir:

I would like to apply for **Professional Advancement Assistance** for short-term training in the Philippines or abroad to enhance my teaching and research capabilities. I am qualified to avail of this program and I understand that I have the following obligations:

- 1. That I should have at least three (3) years of consecutive teaching or service in the University.
- 2. That I should have at least a TRS of 4.0 during the immediate past school year or Job Performance Rating of at least Satisfactory.
- 3. That I will see to it that I am accepted to the program I applied for.
- 4. That I will attend the training for the whole duration.
- 5. That I will provide a clear re-entry plan as well as make a report/echo seminar or whatever will be required of me upon return to the University.
- 6. That I will serve the University for a term commensurate to privilege availed:

## 6.a. Local Training:

- 6.a.1.) With Expenses of P20,000.00 and below- Return Service of One Semester or 6 months;
- 6.a.2.) With Expenses of P20,001.00 but not more than P40,000.00- Return Service of One (1) year.

## 6.b. Foreign Training:

- 6.b.1) Other Asian Countries- Return Service of one (1) year
- 6.b.2) USA, Canada, Australia, Japan, Singapore, China, Russia and other well-developed countries-Return Service of Two (2) Years
- 7. That I will reimburse all expenses incurred by the University in case of non-completion of grant as well as the monetary counterpart of the return service required of me.
- 8. That failure to comply withall these conditions without valid reason will mean termination of my assistance grant.

In accordance with all the conditions stipulated above, I plan to attend the following seminar:

in accordance with all t	ne conditions stipulated	above, i piari to atterio	the following seminar.		
Name of Seminar	Venue	Date	Cost	CPE Points	
			Respectfully	yours,	
				Applicant (Signature over Printed Name)	
Endorsed by:	Local Co	ommittee on Professi	onal Advancement		
Member ( <i>Name/Sign</i>	ature) Departm	Department Head (Name/Signature)		Dean/Principal (Name/Signature)	
Recommended Fav	orably:		Арр	roved:	
HRD Director	VPFE		<u>—</u>	President President	

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