## University of the Philippines

## **APPLICATION FOR AUTHORITY TO TRAVEL ABROAD** (Faculty)

Name (Last, First, 1	Middle)		<i>J</i> /		
Department/Institute			College		
Position/Rank			Employment Status		
Place of Destination	n	I	Inclusive Dates of Travel		
Purpose of Travel (	please specify detai	ils and attac	h letter o	of invitation or simi	lar documents
Funding Source			Type of Leave Requested		
	Arrangen	nents for Cla	sses to b	oe Missed	
Course/ Section	Section Schedule Meet		class to be ed	% of Class Meetings to be Missed*	Arrangement for Classes to be Missed
*As per University	rules, should not ex	xceed 20% o	of the tot	al class meetings fo	r the semester
	el report* *to JRD0 r Research and Dev the Philippines.				
Signature of Reque	esting Faculty				
	Rec	commending	g Appro	val:	
Dept. Chair/Institute Director			Dean/Director/Head of Unit		
Acting I	Director/ HRDO	_	- Vic	ce-Chancellor for A	cademic Affairs
C		APPRO	VED:		
		Chance	llor		

<sup>\*</sup>The travel report form is posted at website http://ovcrd.up.edu.ph