**SCIENCE EDUCATION INSTITUTE**

Department of Science and Technology

Accelerated Science and Technology Human Resource Development Program

**FOREIGN GRADUATE SCHOLARSHIP IN PRIORITY S&T FIELDS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Student:** |  | | | |
| **Course:** |  | | | |
| **University:** |  | | | |
| **Location:** |  | | | |
| **Title of Research:** |  | | | |
| **Duration:**  **(Month and Year)** |  | | | |
| **Adviser:** |  | | | |
| **BUDGETARY REQUIREMENTS** | | | | |
| **PARTICULARS** | **AMOUNT REQUESTED** | | | **APPROVED AMOUNT**  **BY SEI FOR 2 YEARS** |
| **YEAR 1** | **YEAR 2** | **TOTAL** |
| 1. **Travel Expenses** | | | | |
| Visa application and processing fee |  |  |  |  |
| Roundtrip Economy Airfare**1** |  |  |  |  |
| Travel Tax |  |  |  |  |
| **Subtotal** |  |  |  |  |
| 1. **Tuition and other school fees** |  |  |  |  |
| **C. Thesis/Dissertation Allowance2** |  |  |  |  |
| **D. Book Allowance** |  |  |  |  |
| **E. Living Allowance3** | | | | |
| Food, accommodation, local transportation costs, etc. *(Kindly indicate breakdown for each item)* |  |  |  |  |
| **F.** **Relocation Allowance** |  |  |  |  |
| **G. Health/Medical/Travel Insurance** |  |  |  |  |
| **TOTAL COST** |  |  |  |  |

***Note: Please indicate the exchange rate used and references***

Submitted By:

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*Name and Signature of Applicant*