



FORM 8
DEPARTURE FORM FOR INBOUND RESEARCHER

Document No. : FM-IL-08-01

Effective Date: May 16, 2020

Title	Last Name:	First Name:	Middle Name:	Ext:
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Permanent Home Address:

Tel No:	Mobile No:	Email Address:
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Type of Program: Thesis/Dissertation Research Fellow Post Docs

Passport No:	Expiry:	Nationality:
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Departure Date:	Arrival Date in Mapua:
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Flight Detail:	Name of Airline:
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Duration of Stay in Mapua University:

Research Topic:

Name and Contact Details of Host Professor in Mapua University:

Name:
Email Ad:
Department/School
Mobile :

Did you encounter difficulty in dealing with your research colleagues? Yes No

Support your answer:

Do you like to come back when there is opportunity? Yes No

Check specific activity: research networking training tourism others

<p>Did you receive significant research experience in Mapua?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Below my Expectation</p>	<p>_____ Signature of Researcher</p>
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<p>Clearance from Host Professor:</p> <p>_____ Signature over printed name</p>	<p>Clearance from Prefect of Discipline:</p> <p>_____ Signature over printed name</p>
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Please do not write below this line. For ILRAD evaluation.

ILRAD Director

Remarks and Signature from Host
Professor ILRAD
Officer

Note: Please submit the fully filled up Form 8 to the office of ILRAD or send to ilrad@mapua.edu.ph soon.