



FORM 16
INTERNATIONAL LINKAGE TRAVEL AUTHORITY

Document No. : FM-IL-16-01

Effective Date: May 16, 2020

Name of Applicant:		Name of Program/School:	
Contact Details: Landline#: Mobile #:		Email Address:	
Objective of Travel:	Target Outputs:	Expected Outcomes:	
Field of Specialization or Research Interest:			
Name of Potential Foreign Collaborator:		Contact details/ Email Address:	
Name of Foreign Institution:			
Address of Foreign Institution:			
Signature of Applicant:	Endorsed by: Program Chair/Coordinator School Dean/Depat. Head	Reviewed by: DR. DELIA B. SENORO Director Office of ILRAD	
Recommended by:		Approved by:	



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DR. BONIFACIO T. DOMA, JR
Executive Vice President for Academic Affairs

DR. REYNALDO B. VEA
President and CEO

Note: Please submit the filled up Form 5 to the Office of the ILRAD. You may add additional page if necessary.