Date

Control No.:

Name of College/Campus:

Research Title:

Researcher/s:

1.
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Objectives of the Study:

1.
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5.

Duration:

Date Started:

Target Date of Completion:

Total Approved Budget:

Amount Released:

Prepared by:

 (Printed Name and Signature)

 Researcher

Noted:

 Research Coordinator Dean Director, Research Services Division

VP for Academic Affairs

Note: Submit in 5 copies.