Date

Control No.:

Name of College/Campus:

Research Title:

Researcher/s:



Objectives of the Study:



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.