

University of the Philippines Diliman
COLLEGE of EDUCATION
Office of the College Secretary



APPLICATION for DESIGNATION of RESEARCH ADVISER

Name of Student _____ First Enrolment in the Program _____

Degree Program _____ Major _____ Division _____

Cluster/Area Approved Title _____

Date of Topic Approval _____ Anticipated Date of Research Completion _____

INTENDED RESEARCH ADVISER:

1. _____
2. _____
3. _____

Signature of Applicant

Date

NOTED: _____ Date _____
Program Adviser

_____ Date _____
Division Chair

(Please do not write below this line.)

DESIGNATING: _____
As Research Adviser

_____ Date _____
Dean

REMARKS: _____