



Republic of the Philippines
CENTRAL LUZON STATE UNIVERSITY
Science City of Muñoz, Nueva Ecija

DISTANCE, OPEN, AND TRANSNATIONAL UNIVERSITY

CIRCULATING COPY – RESEARCH APPROVAL FORM

Name of Student _____

Degree _____

Research Title _____

CHAIR, ADVISORY COMMITTEE

(Signature over printed name)

MEMBERS, ADVISORY COMMITTEE

(Signature over printed name)

(Signature over printed name)

(Signature over printed name)

ENGLISH EDITOR

(Signature over printed name)

FORMAT EDITOR

(Signature over printed name)

Dean