REPUBLIC OF THE PHILIPPINES
PROVINCE OF CAVITE
CITY OF DASMARIÑAS

KOLEHIYO NG LUNGSOD NG DASMARIÑAS

City College of Dasmariñas

RATING SHEET FOR RESEARCH OUTPUT

College: _____ **Date of filing:** _____

Unit: _____ **Degree Program:** _____

Research Interest/Working Topic:

_____

_____

Researchers:	**Course, Yr. & Sec.**	**Enrollment Status**		**Email Address**
		Regular	**Irregular**	
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____

To be identified by the concerned institute:

Numerical Rating

Component	Percentage	Rate
Total		

Descriptive Remarks:

□ Accepted
□ Accepted with minor revisions. This includes Document/Manuscript changes.
□ Accepted with major revision. Researchers will need to undergo re-defense.
□ Failed/ Rejected

Reason(s):

_____

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The evaluation result has reviewed and concurred by the undersigned:

Name of Faculty	Guidance Committee Role	Signature	Date Signed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attachment(s): _____

Recommending approval:

_____
Institute Dean

Approved:

_____ _____
Academic Research Champions *Lead, Research Services Unit*