REPUBLIC OF THE PHILIPPINES
PROVINCE OF CAVITE
CITY OF DASMARIÑAS

KOLEHIYO NG LUNGSOD NG DASMARIÑAS
*City College of Dasmariñas*

## ACCEPTANCE FORM FOR RESEARCH ADVISING

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

**Unit:** _____ **Degree Program:** _____

**Research Interest/Working Topic:**

_____

_____

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

This formally signifies my acceptance to the request of the above-mentioned to serve as their adviser for thesis/dissertation. I agree to perform my duties until such time that they have successfully defended their study. Concomitant with this is my acceptance of the following functions and responsibilities:

1. Attend the orientation meeting that the program director has scheduled.
2. Assist the researchers in finalizing the title of the approved topic.
3. Assist and monitor the student researchers in their works in compliance with the timetable or school calendar.
4. Stand for any questions on the procedure, data gathered, and other research-related outputs.
5. Check and improve the submitted proposals, questionnaires, and all aspects of the research paper.
6. Provide and sustain the technical, ethical, direction and conduct of the student research.
7. Monitor the participation of group members during the consultation and in every aspect of research work, and keep a record of consultations conducted.
8. Resolve group problem/s arising in the preparation of the research paper.
9. Schedule at least one-hour consultation time every week.
10. Ensure quality control of the research output of researchers.
11. Determine the readiness of the researchers for presentation and final defense.
12. Guide and supervise the researchers in the final revision of the manuscript as recommended by the panel.

_____ _____

Adviser's Signature over printed name Date