



REPUBLIC OF THE PHILIPPINES
PROVINCE OF CAVITE
CITY OF DASMARIÑAS

KOLEHIYO NG LUNGSOD NG DASMARIÑAS
City College of Dasmariñas



RESEARCH OUTPUT FORM

College: _____

Date of filing: _____

Unit: _____

Degree Program: _____

Research Interest/Working Topic:

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

The undersigned are nominated members of our research Guidance Committee:

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

Recommending approval:

Institute Dean

Endorsed:

Approved:

Vice President for Academic Affairs

Vice President for Regal Formation and
Mission, Research and External Affairs



Building the foundation for the
Dasmariñenos

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