



REPUBLIC OF THE PHILIPPINES
PROVINCE OF CAVITE
CITY OF DASMARIÑAS

KOLEHIYO NG LUNGSOD NG DASMARIÑAS
City College of Dasmariñas



APPROVED RESEARCH OUTPUT

College: _____

Date of filing: _____

Unit: _____

Degree Program: _____

Research Interest/Working Topic:

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

Type of Research Output (Please check the box applicable to you)

☐

Research/ capstone title

☐

Research/Capstone
Proposal chapter 1-3

☐

Research/Capstone final
Manuscript

The attached research output has been approved by the undersigned:

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

Attachment(s): _____

Recommending approval:

Institute Dean

Endorsed:

Lead, Research Services Unit

Approved:

Director, Center for Knowledge Management
and Information and Research Development



Building the foundation for the
Dasmariñenos

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