



Colegio de San Juan de Letran B A T A A N

RESEARCH OFFICE

LRO-SR102: ADVISER SELECTION FORM

Thesis/Research Title: _____

Proponent(s)/Author(s): _____

Academic Department: _____

Program: _____

Abstract (Short description in less than 150 words):

Keywords: _____

Proposal Rating (To be accomplished by the Research Methods Professor)

Kindly Rate the following using the scale below: 5 = Exceptional; 4 = Proficient; 3 = Satisfactory; 2 = With Potential; 1 = Limited/Flawed	5	4	3	2	1
a. Title					
b. Abstract					
c. Alignment with the research key priority areas of the Colegio					
d. Candidate's verbal ability to discuss the proposed topic					
e. Attached supporting journals					

Potential Research Adviser (To be accomplished by the Research Methods Professor)

Adviser 1: _____ Yes Not this time

Adviser 2: _____ Yes Not this time

Adviser 3: _____ Yes Not this time

**Final Recommendation of the Program Chairperson/
Academic Coordinator:**

Final Approval of the Dean/Principal:

Signature over Printed Name

Date: _____

Signature over Printed Name

Date: _____