Colegio de San Juan de Letran
BATAAN

RESEARCH OFFICE

LRO-SR103: ADVISER CONSULTATION FORM

Thesis/Research Title: _____

_____

Proponent(s)/Author(s): _____

_____

_____

_____

Research Adviser: _____

Academic Department: _____

Program: _____

Date of Consultation	Time of Consultation	Place of Consultation	Topic/Area/Content of Consultation	Adviser's Signature

Note: Student Researchers and Research Advisers are expected to have **at least 10 consultation meetings per semester**