



RESEARCH CAPSULE PROPOSAL

I. Researcher Information

Main Proponent

Name: _____

Affiliation: _____

Field/s of Specialization: _____

Co Proponents

Name	Affiliation	Field/s of Specialization

II. Project Details

Project Title: _____

Duration: _____

Date Submitted: _____

Type of Research Paper

- Basic
- Applied
- Action

Scope of Study

- Departmental/Classroom
- Institutional
- Local/Regional
- National/International

Data Gathering Mechanism

- Secondary Data Analysis
- Fieldwork
- Experiment/Laboratory
- Others: _____

III. Proposal

Please attach the complete proposal along with the ER forms

IV. Manifesto

I HEREBY CERTIFY THAT THE ABOVE INFORMATION ARE TRUE AND CORRECT.

Main Proponent
Signature over Printed Name and Date

Endorsed by:

Approved by:

Department Head,
Signature Over Printed Name

Director, Letran Research Center
Signature Over Printed Name