



IP RESEARCH REGISTRY

Thesis/Dissertation Title: _____

Proponent(s)/Author(s): _____

Contact No./Email: _____

Signature of Proponent(s)/Author(s): _____

Academic Department: _____

Program: _____

Brief description (Including synthesis of extensive review of literature):

(you may attach additional pages if this space is lacking)

Keywords: _____

Significance of the Study:

(you may attach additional pages if this space is lacking)

I hereby certify that the proponent/s have submitted to me their synthesized review of literature as part of the requirements for the submission of the accomplished IP/Research Registry Form.

RESEARCH METHODS PROFESSOR

Signature over Printed Name

Date: _____