Colegio de San Juan de Letran
Letran Research Center

Form SR06

LANGUAGE EDITING FORM

Date: _____

Name	*Last Name*	*First Name*	*MI*
Program/ Year Level			
Thesis Title			

Number of Pages		**Language Editing Fee**	
Certified Language Editor			

Language Editing Time Table

	Date	Signature over printed name of the Recipient
Date submitted by the researcher		
Date accepted by the editor		
Date returned to the researcher		
Date returned to the editor for proof reading		

_____ _____ _____ _____

  Student Researcher*   Research Adviser*   Language Editor*   Student Research Coordinator*

Signature Over Printed Name

Note: Please attach the Certificate of Originality (Form SR05) from the Research Methods Professor