



RESEARCH TOPIC PROPOSAL FORM

Data Privacy Consent:

In submitting this form, I agree to my details being used and accessed only by the Research Department Staff for Institutional Research Program/Unit. I understand that my personal data (in hard copy) will be held securely, filed properly, and kept in secure location of the department and my personal data (in soft copy) will be shared in Google Drive and only the RD Staff have the access to view and download it. This information may be shared through Accrediting Organization (PACUCOA, ISO, etc.) and will not be distributed to third parties.

I further understand that I have the right to withdraw my consent at any time, without affecting the lawfulness of processing based on consent before its withdrawal. I also understand that when this information is no longer required for the stated purpose (annually), the department's procedure will be followed to dispose of my data.

I agree

Table with 5 columns: 1. Proponent/s, Designation, School/Department, Field of Specialization, Status/Rank\*. Rows a-e with designations like Lead proponent, Co-Proponent.

\*lead proponent for the research project should be a personnel of the Colegio with permanent status.

2. Working Title of Research Project:
3. Nature of the Research Project: Research project will be under: [ ] Research Grant Program (RGP) [ ] Research as requirement for probationary faculty [ ] Faculty Researcher Program (FRP) [ ] Collaborative Work (with external institution) [ ] Faculty Development Activity (FDA) [ ] Others:
Classification: [ ] Research Study [ ] Others:
4. Brief Description: Indicate the: (1) rationale of the study, (2) target project duration, (3) intended beneficiaries and significance of the study, (4) the research gap that will be addressed by the study, and (5) at least 2 reviewed literatures.





<b>5. Objectives of the Study</b>	1. 2. 3. 4. 5.		
<b>6. Institutional Research Agenda to be addressed by the proposed study:</b>	<i>Supra Theme:</i>		
	<i>Sub-Theme:</i>		
<b>7. Research Design:</b>			
<b>8. Research Locale:</b>			
<b>9. Population:</b>			
<b>10. Sampling Technique:</b>			
<b>11. Data Collection Tool/s</b>			
<b>12. Data Collection Technique</b>			
<b>13. Target Schedule for data collection</b>			
<b>14. Data Analysis Method</b>			
<b>15. Target Schedule for data analysis</b>			
<b>16. Attachments:</b>	<input type="checkbox"/> Profile of the proponent/s		<input type="checkbox"/> List of initial references
<b>Prepared by:</b>			<b>Approved and Endorsed by:</b>
<b>Lead Proponent</b> <i>(Signature over Printed Name)</i>	<b>Co-Proponent</b> <i>(Signature over Printed Name)</i>	<b>Co-Proponent</b> <i>(Signature over Printed Name)</i>	<b>Acad/Dept. Head</b> <i>(Signature over Printed Name)</i>
<b>Co-Proponent</b> <i>(Signature over Printed Name)</i>	<b>Co-Proponent</b> <i>(Signature over Printed Name)</i>		





FOR RD USE ONLY					
Research Parameters & Unit Equivalence (FOR RESEARCH STUDY)					
TOPIC PROPOSALS UNDER FACULTY RESEARCHER PROGRAM	Nature of Research	Descriptive, Correlational, Experimental, Causal-Comparative, or Action Research	Quantitative OR Qualitative 3	Quantitative AND Qualitative 6	
	Locale	Departmental/ Unit/Institutional 3	Provincial 6	Regional 7	National 9
	Respondents	Less than or equal to 250	3	251 or above	6
RECOMMENDED NUMBER OF UNITS TO CREDIT:	1. (name of proponent)		(school)	(units)	
	2. (name of proponent)		(school)	(units)	
	3. (name of proponent)		(school)	(units)	
EVALUATION:					
Considerations/Conditions			Yes	No	Remarks
1. The research proponent/s is/are eligible to conduct the proposed topic.					
2. The research topic is aligned with the Institutional Research Agenda.					
3. There is no duplication of the proposed topic.					
4. The research topic is feasible.					
5. The researcher/s has sufficient educational background or teaching experience related to the proposed topic.					
Ethical Considerations for the Proposed Topic:					
[ ] APPROVED WITHOUT REVISIONS      [ ] APPROVED WITH REVISIONS      [ ] DISAPPROVED					
Comments for Revision/Disapproval:					
EVALUATED BY:					
(Name) Research Officer, Research Department Date of Evaluation:			(Name) Director, Research Department Date of Evaluation:		

DEADLINES:	
Approved Period Covered:	[ ] 1st Semester [ ] 2nd Semester [ ] Others: _____
<input type="checkbox"/> Revise topic proposal and submit on or before	<input type="checkbox"/> Due Date:
<input type="checkbox"/> Convert to full-blown proposal (see attached format and guidelines)	<input type="checkbox"/> Due Date:

