



Student Research Grouping Form

Data Privacy Consent:

In submitting this form, I agree to my details being used and accessed only by the Research Department Staff for Undergraduate Student Research under of the Student 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

Program: _____

Group Leader:

Name: _____

Contact No./s: _____

Name of Parent/Guardian: _____

Contact No./s: _____

Group Member 1

Name: _____

Contact No./s: _____

Name of Parent/Guardian: _____

Contact No./s: _____

Group Member 2

Name: _____

Contact No./s: _____

Name of Parent/Guardian: _____

Contact No./s: _____

Group Member 3

Name: _____

Contact No./s: _____

Name of Parent/Guardian: _____

Contact No./s: _____

Noted by:

Approved by:

Student Research Officer

Date signed:

Research Department Director

Date signed:

