



Colegio de San Juan de Letran-Calamba

City of Calamba, Laguna, Philippines 4027 • www.lettran-calamba.edu.ph • +63(049)-5455453

Research Department

55:00-02-FO-03

Group No. _____

STUDENT RESEARCH ADVISER'S ACCEPTANCE FORM

Researchers:	
Title of Research Paper (if applicable):	

I hereby accept the invitation of the abovementioned students to become their research adviser for the school year _____.

Our consultation time is every (day) _____ at (time) _____.

Accepted by:	Checked by:	Approved by:
Group Adviser	Student Research Officer	RD Director
Date:	Date:	Date:



1st Floor, De Las Casas Building • ard@lettran-calamba.edu.ph • Trunkline: 049-545-5453 loc (3002/5021/2092)



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