**RF UG- 01**

Thesis Acceptance Form

**THESIS ACCEPTANCE FORM**

College: **CIT** Department: BS Inte Research No.:2022-01 Semester: Second AY:2021-2022

|  |  |
| --- | --- |
| The thesis entitled | Real-Time Temperature Monitoring System |
|  |  |

|  |  |
| --- | --- |
| Prepared by: | Jonathan C. Astorga |
|  | Jehperson N. Ofalsa |
|  | Bryan Danielle Cudiamat |

is hereby **ACCEPTED** for technical assistance.

I hereby promise to adhere to my duties/ functions and responsibilities as prescribed in the academic policies and RET Code/ Manual of Operations of the University.

**Conforme**: **Date**

*(Please check nature of technical assistance*)

\_\_\_\_\_ as Adviser IREL V. DERIJE \_\_\_\_\_\_\_\_

\_\_\_\_\_ as Co- adviser \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_ as Panel of Examiner: 1. JEREMY MOSES T. EBREO \_\_\_\_\_\_\_\_

2. VILMA M. SANTOS \_\_\_\_\_\_\_\_

3. ROSEN L. PASCUA \_\_\_\_\_\_\_\_

\_\_\_\_\_\_as Statistician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_as Critic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Noted by:

VERNYLL JAN P. ASIS

Research Faculty In-charge/Subject Instructor

Recommending Approval:

IREL V. DERIJE

Program Chair

JOEL C. TOON

College Research Coordinator

**RF UG-02**

Thesis Monitoring Form

**THESIS MONITORING FORM**

College: **COE** Department: \_\_\_\_\_\_\_\_\_\_ Research No.:\_\_\_\_\_ Semester: \_\_\_\_\_\_ AY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Thesis Title: |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Researchers: |  |  |  |
|  |  |  |  |
|  |  |  |  |

**COMPOSITION/ NO. OF RESPONDENTS**: \_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Statement of the Problem**  **Specific Questions or Objectives** | **Research Instrument/Methodology**  *(Briefly describe)* | **Statistical Tool**  *(if any)* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*\*Please write N/A for items that are not applicable*

Noted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Instructor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Critic/Language Editor Statistician/ Data Analyst

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adviser

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Program Chair College Research Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean

*Note: Should there be any suggestion/s from signatories on entries (Re: title, respondents. I-III), please use the attached monitoring form/sheet.*

**RF UG- 03**

Consultation and Monitoring Form

**CONSULTATION AND MONITORING FORM**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Title of Research:*** | |  | | | | | | |
|  | |  | | | | | | |
| **Researchers:** |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
| **Concern person/s extending Technical Assistance**  eg. Subject Instructor, adviser/ co- adviser critic, statistician, program chair, college research coordinator) | | | | **General Comments/ Recommendation/s** | | | **Signature** | **Date of Consultation** |
|  | | | |  | | |  |  |
|  | | | |  | | |  |  |
|  | | | |  | | |  |  |
|  | | | |  | | |  |  |
|  | | | |  | | |  |  |
|  | | | |  | | |  |  |
|  | | | |  | | |  |  |
|  | | | |  | | |  |  |
|  | | | |  | | |  |  |

***Note***: \* Please use additional consultation form if the space/ single form is not enough

\*The filled out form has to be submitted to the subject Instructor and eventually to College-Research Coordinator after the oral defense.

(One form for Colloquium and one form for the Final Defense)

**RF UG-04**

Thesis/ Research Notice of Oral Defense

**THESIS/RESEARCH NOTICE OF ORAL DEFENSE**

College: **CIT** Department: \_\_\_\_\_\_\_\_\_\_ Research No.:\_\_\_\_\_ Semester: \_\_\_\_\_\_ AY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Filed: \_\_\_\_\_\_\_\_\_\_\_\_ [ ] Proposal/Colloquium

Scheduled Defense: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_Venue: \_\_\_\_\_\_\_ [ ] Final Oral Defense

**Thesis/Research Title:**

|  |
| --- |
|  |
|  |
|  |

**Researchers/ Proponents:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**CERTIFICATION**

The undersigned members comprising the panel of examiners hereby agree to the scheduled oral defense for the above thesis/research.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Adviser | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Co- Adviser (*optional*) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Panel Member  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Panel Member | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Panel Member  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Panel Member |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Panel Member | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Panel Member |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair of the Panel

Noted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Instructor

Approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Chair College Research Coordinator

**RF UG-05**

Report of Final Oral Defense

**REPORT OF FINAL ORAL DEFENSE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

|  |  |  |  |
| --- | --- | --- | --- |
| **Researchers:** |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Degree: |  | Major: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Schedule of Defense: | | |  | | Time: |  | Venue: | |  |
| Title of Thesis: | |  | | | | | | | |
|  | | | | | | | | | |
|  | | |  | | | |  | **Action Rating** | |
| Panel 1: | | |  | | | |  |  | |
| Panel 2: | | |  | | | |  |  | |
| Panel 3: | | |  | | | |  |  | |
| Panel 4: | | |  | | | |  |  | |
| Panel 5: | | |  | | | |  |  | |
| Chair of Panel: | | |  | | | |  |  | |
| Research Coordinator: | | |  | | | |  |  | |

**REMARKS:**

|  |
| --- |
|  |
|  |
|  |

Noted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Dean

\*Action Rating shall be any of the following: Passed with Minor Revisions, Passed with Major Revisions, Defer Action, and Disapproved

*Note: Attach to this form the Evaluation results of the Final defense.*

**RF UG- 06**

Plagiarism Form

**PLAGIARISM FORM**

RF Plag. No. : 142022-CIT-UG Department: CIT Date: June 23, 2022

|  |  |
| --- | --- |
| Researcher/s: | **Mico Joe Serrano** |
|  | **Sevena Pedrin** |
|  | **Jericko J. Patadlas** |
|  | **Daryll Justin F. Galindez** |
|  | **Khrizzle Joie A. Villamor** |

|  |  |
| --- | --- |
| Course/Degree: | Bachelor of Science in Industrial Technology |

|  |  |
| --- | --- |
| Research Title: | Satisfaction on Academic Engagement in Flexible Learning and Its Perceived Relationship |
| on Mental Health Among BSIT Junior Students of NVSU Bambang Campus | |

I hereby allow the manuscript/research output be subjected for plagiarism check.

**IREL V. DERIJE** **ARNEL A. AGUSTIN**

Name and Signature of Adviser Name and Signature of Research Instructor

O.R. Number: \_\_\_\_\_\_\_\_\_\_\_\_

*This is to certify that the above manuscript was subjected for plagiarism check with a rate of* ***92 %,*** *interpretatively described as* ***PASSED****.*

**ENGR. JOEL C. TOON**

College Research Coordinator

**RF UG- 07**

Thesis/ Research Terminal Report

**THESIS/RESEARCH TERMINAL REPORT**

College: **CIT** Department: \_\_\_\_\_\_\_\_\_\_ Research No.:\_\_\_\_\_ Semester: \_\_\_\_\_\_ AY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thesis/Research Title:**

|  |
| --- |
|  |
|  |
|  |

**Researchers/ Proponents:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Utilization of research results**

( ) Instructional Development/ Improvement of Instructional process

( ) Information Dissemination

( ) Technology Transfer (For Extension Activities)

( ) Information/Technology Adoption/ Utilization

( ) Technology commercialization

( ) Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*.*  Noted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Instructor

***………………………………………………………………………………………………………………………………………………………***

**ACKNOWLEDGMENT ON SUBMISSION OF HARD COPIES**

*SIGNATURE DATE RECEIVED*

1. Thesis Adviser \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

2. Department Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

3. College Research Coordinator/Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

4. University Library \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

5. Campus Research Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

***……………………………………………………………………………………………………………………………………………………………***

**ACKNOWLEDGMENT ON SUBMISSION OF SOFT COPY**

*(IMRAD Format of Thesis in word format and full paper in pdf format)*

*SIGNATURE DATE RECEIVED*

1. College Research Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**STATISTICAL CERTIFICATION**

**Thesis/Research Title:**

|  |
| --- |
|  |
|  |
|  |

**Researchers/ Proponents:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Course:

*This is to certify that I have checked the statistical data of the research indicated above.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name and Signature |  | Date |

*(For Appendix)*

**EDITING CERTIFICATION**

**Thesis/Research Title:**

|  |
| --- |
|  |
|  |
|  |

**Researchers/ Proponents:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Course:

*This is to certify that I have thoroughly edited the final draft of the Research of the students listed above in terms of grammar, mechanics and organization in adherence with APA format style.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name and Signature |  | Date |

*(For Appendix)*

**PLAGIARISM CLEARANCE**

|  |  |
| --- | --- |
| Researcher/s: |  |
|  |  |
|  |  |
|  |  |
|  |  |

Undergraduate Graduate School

|  |  |
| --- | --- |
| Course/Degree: |  |

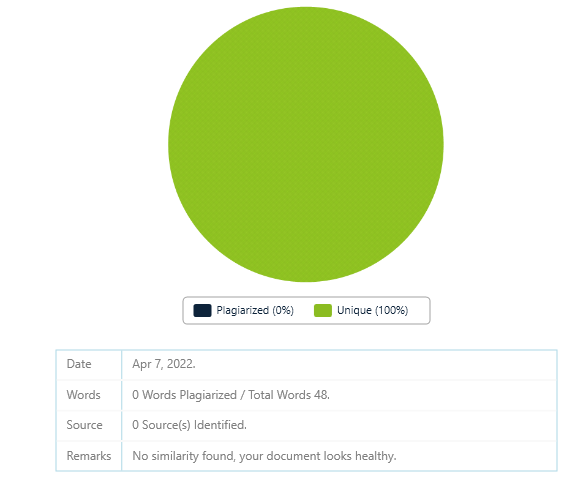
|  |  |
| --- | --- |
| Research Title: |  |
|  | |

*This is to certify that the above research manuscript* ***PASSED*** *the plagiarism evaluation.*

**MARY GAY T. AGUILA, PhD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Campus Research Coordinator Date

*(For Appendix)*

Plagiarism Report on Overall Similarity (sample only)

*Issued by:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

College Research Coordinator

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(For Appendix)*