

# APPLICATION FOR ETHICS REVIEW OF A NEW PROTOCOL

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Instructions to the Researcher: Please accomplish this form and ensure that you have included in your submission the documents that you checked in Section 2 (Checklist of Documents).

1. General In	formation		
*Title of Study	Developing A Faculty Academ Management System	nic Requirements	5
*UREC Code/REC Panel Code (To be provided by UREC/REC)		*Study Site	PUP-Taguig
*Name of Researcher	Fidel Diana Rose V., Mingo Ed Judah E., Nabayra James V., and Villamarzo Kazel S.	Contact Information	*Tel No:
*Name of Co-researcher/s (if any)			*Mobile No: 09752921753 09945144239 09517775832  *Email: fideldianarose@gmail .com edjudah.ej@gmail.co m james.nabayra029@g
			mail.com kazelvillamarzo@gma il.com
*Institution/ College/ Department	Bachelor Of Science Information	on Technology (E	3SIT)
*Address of Institution	General Santos Avenue, Tagui	g, Metro Manila,	Philippines
*Field of Study	Education  Computer Science, Information Systems, and Technology		
(Please check			
one)	Engineering, Architecture,	and Design	
	Humanities, Language, and	d Communicatio	on
	Business		









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	Social Sciences		
	Science, Mathematics, and	d Statistics	
*Source of	✓ Self-funded		
Funding	Government-funded		
(Please check	Scholarship/Research Grar	n†	
one)	☐ Institution-funded		
	Sponsored by a Pharmace	utical Company	,
	Others		
*Duration of the	Start Date:	End Date:	No. of Participants:
Study:	July 22, 2024		4 Participants
2. Checklist o	of Documents		
Basic	☑ Study Protocol	Supplementar	Co-authorship
Requirements:		У	Agreement (For
		Requirements	multiple Authorship)
	Informed Consent Form	:	☐ Notice to
	English version		Proceed/ Ethical
	Filipino Version		Clearance (For
			external researchers
			or Non-PUPian)
	Assent Form (If applicable)		Others (Please
	English version		specify)
	Filipino Version		
	Research Questionnaire		
To be filled out by	the applicant	To be filled out Supervisor	by the Immediate
Accomplished by	<i>7</i> :	Endorsed by:	
As the researcher of this study, I hereby confirm		1	h Adviser/Program
that the information stated above is true. I			nereby confirm that I
understand that my study protocol shall be		have read this	application and
reviewed by the UREC/REC, and I shall abide by			ervise the conduct of
the rules and regulations set forth by the		this study. Furth	er, I confirm that the
Polytechnic University of the Philippines.		ethical standar	ds set by the University
		shall be followe	ed.

S423, 4<sup>th</sup> Floor South Wing, PUP A. Mabini Campus, Anonas Street, Sta. Mesa, Manila 1016 Trunk Line: 335–1787 or 335–1777 local 235/357 Website: www.pup.edu.ph | Email: vpredl@pup.edu.ph







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Date	Diana Rose V. Fidel  Ed Judah E. Mingo	Date	Signature over Printed Name of the Immediate Supervisor
	James V. Nabayra		
	Kazel Villamarzo		
	Signature over Printed Name of Researchers		
To be filled out by	the UREC		
Completeness of Document	Complete Incomplete	Remarks:	
Received by:			
Date Received:			
Approved for Ethi	cai Review		

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Date	Research Management Office - University Research Ethics Center

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