TCP FORM 2

**TECHNICAL ADVISER ACCEPTANCE FORM**

DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Year : : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to attest that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree and accept the assignment as Technical Adviser of the following students with the ***Capstone Project***, entitled ***Geographical Healthcare Application: Assisting Healthcare Administrator with Geospatial Insights and Resident Profiling Access***

Proponents/Researchers:

|  |  |
| --- | --- |
| **Name** | **Signature** |
| 1. Christian S. Dela Cruz |  |
| 2. Ezekiel M. Canlas |  |
| 3. Christian Joseph D. Nimenzo |  |
| 4. Jayvee C. Tayag |  |

Furthermore, I agree to set the schedule for advising and consultation to help the students and ensure the success of the project.

Conformed:

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

Signature above Printed Name