

TURNITIN RUN REQUEST FORM

APPLICANT'S INFORMATION

Full Name: _____

College: _____

Contact Number: _____

E-mail Address: _____

Title of the Research: _____

COLLEGE DEAN/IMMEDIATE SUPERVISOR CERTIFICATION

I hereby certify that the information given are true and correct.

Signature over Printed Name of the Dean/Supervisor

Date

Received:

Signature over Printed Name of URO Representative

Position/Designation

Date

Approved:

Director, University Research Office

Date