

RESEARCH STATUS MONITORING FORM

(Please accomplish one form per research. This form may be reproduced.)

Quarter: \_\_\_\_\_

I. RESEARCHER'S INFORMATION

Name of Lead Researcher/Project Leader:	
Department/Office/College:	
Contact Number:	
E-mail Address	
Name of Co-Researcher:	
Department/Office/College:	
Contact Number:	
E-mail Address	
Name of Co-Researcher:	
Department/Office/College:	
Contact Number:	
E-mail Address	

(Expand as needed for more co-researchers)

II. DETAILS OF RESEARCH PROPOSAL

Title of Research:	
Category:	<input type="checkbox"/> STEM (Science, Technology, Engineering and Mathematics) <input type="checkbox"/> SSBE (Social Science, Business and Education)
Date Proposal was submitted:	
Status of Completion (please check <input checked="" type="checkbox"/> ):	<input type="checkbox"/> Not yet started <input type="checkbox"/> Ongoing if ongoing, report the percentage of completion _____ <input type="checkbox"/> Completed
Highlights of Research Accomplishments:	
Remarks:	
Approved Target Date for Completion:	
Proposed Completion Date with Justification:	

III. CERTIFICATION

I hereby certify that the information given are true, correct and the research being conducted is authentic. I further signify my commitment to revise the paper as per evaluation results.

Signature over Printed Name of the Lead Researcher

Date

Signature over Printed Name of the Co-Researcher

Date

Signature over Printed Name of the Co-Researcher

Date