



Colegio de San Juan de Letran

Letran Research Center

FACULTY RESEARCHER INFORMATION SHEET

PERSONAL AND CONTACT INFORMATION

| | | | |
|----------------------|------------------|-------------------|--------------------|
| RESEARCHER | | | |
| | <i>Last Name</i> | <i>First Name</i> | <i>Middle Name</i> |
| ADDRESS | | | |
| MOBILE NUMBER | | | |
| EMAIL ADDRESS | | | |

EDUCATIONAL BACKGROUND

| | | |
|--------------------------|------------------------|--|
| BACHELOR'S DEGREE | Degree | |
| | Institution | |
| | Title/ Topic of Thesis | |
| MASTERAL DEGREE | Degree | |
| | Institution | |
| | Title/ Topic of Thesis | |
| DOCTORAL DEGREE | Degree | |
| | Institution | |
| | Title/ Topic of Thesis | |

RESEARCH BACKGROUND

| |
|---------------------------------|
| Research Interest |
| |
| |
| Area/s of Specialization |
| |
| |

LRC-A001

| RESEARCH PUBLICATION/S | | |
|------------------------|---------|--|
| Title of Research | Journal | Volume/ Number and Date of Publication |
| | | |
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| RESEARCH PRESENTATION/S | | | | |
|-------------------------|-------|---------|-------|------|
| Title of Research | Event | Sponsor | Venue | Date |
| | | | | |
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| | | | | |
| | | | | |

| RESEARCH TRAININGS/ SEMINARS/ CONFERENCES/ WORKSHOPS ATTENDED (LAST 3 YEARS) | | | |
|--|---------|-------|------|
| Title | Sponsor | Venue | Date |
| | | | |
| | | | |
| | | | |
| | | | |
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| CLASS SCHEDULE | | | | |
|----------------|---------|-----------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday |
| | | | | |
| | | | | |
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I HEARBY CERTIFY THAT THE ABOVE INFORMATION ARE TRUE AND CORRECT.

Signature over Printed Name

Date

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