APPENDICES

Form	Description		
LRC Research-related forms			
SR01	IP Research Registry		
SR02	Adviser Selection Form		
SR03	Adviser Consultation Form		
SR04	Statistician Services Form		
SR05	Certificate of Statistical Treatment		
SR06	Certificate of Originality		
SR07	Language Editing Form		
SR08	Certificate of Language Editing		
SR09	Instrument Validation Form		
SR10	Certificate of Instrument Validation		
SR11	Adviser Endorsement Form		
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SR13	Approval Sheet		
SR14	Student Publication Evaluation		
SR15	Student Publication Copyright Agreement		
	Statistical Services Fees		
	Language Editing Fees		
	Instrument Validation Fees		
	Originality Check Fees		



Fo	rm SR01
A.Y.:	
Research ID #:	

IP RESEARCH REGISTRY

Project/ Thesis/Dissertation	
Title:	
Proponent(s)/Author(s):	
Contact No./Email:	
Signature of	
Proponent(s)/Author(s):	
Collaborator(s)/	
Co-author(s)/Adviser:	Denoutment
Affiliation:	Department:
	College:
Brief description	
(Including synthesis of	
extensive review of	
literature):	
Keyword(s):	
6: :6: 6:1	
Significance of the	
project/study:	
Expected Output:	
	I hereby certify that the proponent/s have submitted to me their synthesized
	review of literature as part of the requirements for the submission of the
	accomplished IP/Research Registry Form.
Certification from	
Research Methods	
Professor:	
	Signature over Printed Name
	 Date
	Date



Form SR02

ADVISER SELECTION FORM

	Date	e Submi	itted: _						
Now									
Nam	Last Name First Nam	ne				МІ			
Prograi		<i>TC</i>				1411			
Majo									
Thesis Tit	e								
Abstra	ct								
	Short description in less than 150 words								
.	Performance Rating: 5 = Exceptional; 4 = Proficier	nt: 3 - Sa	tiefactor		_	_	_		_
Rate the	2 = With Potential; 1 = Limited/Flawed	ıı, 3 = 3a	llisiacioi	у,	5	4	3	2	1
	• Title								
PROPOSAL	Abstract								
IN GENERAL	Alignment with the Research Key Priority A								
GLIVLINAL	The candidate's verbal ability to discuss the standard authors in a second actions.	e propo	sed top	OiC					
	Attached supporting journal articles								
To Be filled	Datastial Advisors								
by the	Potential Advisers								
Research	Adviser 1:		Yes	□ No	ot at	this	this time		
Methods Professor	Adviser 2:		Yes		ot at	this	tim	e	
110103301	Adviser 3:								
			Yes	□ No	u al	. triis	um	ਦ	
Final R	ecommendation of the Program Chairperson	Signat Date:	ure:						
	Final Approval of the Dean	Signat Date:	ure:						

ADVISER CONSULTATION FORM

Student				
Researcher/s				
•				
Program				
Major				
Working				
Thesis Title				
Research				
Adviser				
Date of	Time of	Place of	Topic/Area/Content of	Adviser's
Consultation	Consultation	Consultation	Consultation	Signature

Note: Student Researchers and Research Advisers are expected to have **at least 10 consultation meetings per semester**

Form SR04

STATISTICIAN SERVICES FORM

Date Submitted:	

Names				
Name	Last Name		First Name	MI
Due susue /	Lust Nuine		riist ivailie	IVII
Program/				
Year Level				
Thesis Title				
Research				
Problem/s				
Research				
Variable/s				
(Attach				
Instruments)				
,				
Statistical				
Tool				
Certified				
Statistician				
Statistical				
Fee				
CL de LD				Cl. de d. Barre d. C. di
Student Resea	arcner* R	esearch Adviser*	Statistician*	Student Research Coordinator

^{*}Signature Over Printed Name

CERTIFICATE OF STATISTICAL TREATMENT

This i	s to certify that this thesis manuscript entitled	
	prepared by	
	(Name Student Researcher)	
	have undergone statistical treatment	
	Name of Certified Statistician	
	(Signature above printed name)	
	Affiliation / Contact No.	
	·	
	 Date	



CERTIFICATE OF ORIGINALITY

I hereby declare that this submission is my own work and that, to the best of m
knowledge and belief, it contains no material previously published or written by another perso
nor material to which to a substantial extent has been accepted for award of any other degre
or diploma of a university or other institute of higher learning, except where du
acknowledgement is made in the text.

I also declare that the intellectual content of this thesis is the product of my work, even though I may have received assistance from others on style, presentation and language expression.

Student Researcher
(Signature over Printed Name)
Date:
Letran Research Center Representative
(Signature over Printed Name)
Date:



Form SR07

LANGUAGE EDITING FORM

				Date:
Name				
Ivaille	Last Name		First Name	MI
Program/				
Year Level				
Thesis Title				
Number of			Language	
Pages			Editing Fee	
Certified				
Language				
Editor				
		Language E	diting Time Table	
			_	
			Date	Signature over printed name of the Recipient
Date submitte	ed by the		Date	Signature over printed name
Date submitte	ed by the		Date	Signature over printed name
researcher			Date	Signature over printed name
researcher	ed by the		Date	Signature over printed name
researcher			Date	Signature over printed name
researcher	l by the editor		Date	Signature over printed name
researcher Date accepted	l by the editor		Date	Signature over printed name
Date accepted Date returned researcher	l by the editor		Date	Signature over printed name
Date returned researcher Date returned	to the editor		Date	Signature over printed name
Date accepted Date returned researcher	to the editor		Date	Signature over printed name
Date returned researcher Date returned	to the editor		Date	Signature over printed name

*Signature Over Printed Name

Student Researcher*

Note: Please attach the Certificate of Originality (Form SR05) from the Letran Research Center

Research Adviser*

Language Editor* Student Research Coordinator*



CERTIFICATE OF LANGUAGE EDITING

	This is to certify that I have edited this thesis manuscript entitled
	prepared by
	(Name Student Researcher)
and I	have found it complete and satisfactory with respect to grammar and composition
	Name of Certified Language Editor
	(Signature above printed name)
_	Affiliation / Contact No.
_	Date



Student

Colegio de San Juan de Letran

Form SR09

Letran Research Center

INSTRUMENT VALIDATION FORM

Date Submitted:	

Researcher	Last Name	First Name		MI
Program/				
Year Level				
Thesis Title				
Research				
Objective/s				
Research				
Variable/s				
Research Design				
and Methodology				
Survey				
Instrument/s				
(Please				
enumerate)				
lata milan				
Interview Protocol/s				
(Please				
enumerate)				
enamerate)				
Certified				
Validator				
Validation Fee				
Student Researche	r* Research Adviser*	Validator*	Student Research Co	ordinator

^{*}Signature Over Printed Name

CERTIFICATE OF INSTRUMENT VALIDATION

	his is to certify that I have validated the rument or interview protocol) of the study entitled
	prepared by
	(Name Student Researcher/s)
and I	have found it complete and satisfactory with respect to face and content validity
-	
	Name of the Validator
	(Signature above printed name)
-	
	Affiliation / Contact No.
_	
	Date

Signature over printed name

Form SR11

ADVISER ENDORSEMENT FORM

Student Researcher:	Date:
Title of Thesis:	
To be completed by the adviser	
Dear	
Program Chairperson	
I have reviewed and fully endorse the proposal manu	uscript attached berewith for evaluation
We look forward to a robust and thorough review	
necessary changes, if any, to execute the study.	
Thank you.	
Research Adviser	 Date



Form SR12

STUDENT ORAL PRESENTATION EVALUATION

TITLE							
PRESEN	ITER EVALUATOR						
NAME	LAST FIRST PROF/DR LAST				FIRS	т	
PERFORM	1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0				RCI		
ELEMENTS	3 - Strongly Agree, 4 - Agree, 3 - Neutral, 2 - Disagree, 1 - Strongly Disagr	ee	Y(OUI	RSC	COR	E
Delivery a	and		5	4	3	2	1
Awarenes	• spoke clearly and extemporaneously in a loud enough voice and maintain		5	4	3	2	1
of Audien	the interest of the addictice		_				
	• gave a well prepared presentation within the allotted time The presentation		5	4	3	2	1
Strength			5	4	3	2	1
Organizat			5	4	3	2	1
of Materi	and conclusion	inds a creat and appropriate introduction, suitable research simulational					
	• has sufficient relevant and up to date literature review				3	2	1
	• has sufficiently discussed results (~75%)		5	4	3	2	1
	 The presenter showed mastery of his/her research by accurately answering the question 	15	5	4	3	2	1
Question			5	4	3	2	1
Answer	was focused and engages the panel confidently	6,			3	2	1
	Exceptional: 44 – 50 points; Proficient: 37 – 43 points; Satisfactory: 30 – 36 Passed: 23 – 29 points; Must Present Again: 23 points below	points	ļ				
	GRAND T	OTAL					
EVALUA	TOR'S COMMENTS:						
EVALUA	TOR'S SIGNATURE / DATE						
-	The Presenter: Exceptionally passed the Oral Presentation (44)	– 50 pc	oin	ts)			
	☐ Proficiently passed the Oral Presentation (37 – 4	43 poin	its))			
	☐ Satisfactorily passed the Oral Presentation (30 -	- 36 po	int	s)			
	Passed the Oral Presentation with Revision (23	– 29 pc	oin	ts)			
	☐ Must present again in the next Oral Presentation	` •			oelo	w)	
	(Kindly supply the reason/s in the space provided for	r comm	nen	ts)			

APPROVAL SHEET

The Faculty of the	(Program)	of the _	(Coll	ege)
accepts	the thesis (II	MRAD format) e	ntitled,	
prepared and submi	tted by	(Student Re	sparchar/s)	
in partial fulfillment of the o				
par dar ramment or disc		e of Study)		
Approved by the Committee			<u></u>	on
	Decem	ber 2015.		
		ch Adviser		
()	Signature ove	er printed name)	
Panelist 1	_	_		Panelist 2
Signature over printed name)			(Signature	over printed name
,	_	elist 3		
()	Signature ove	er printed name)	
Research Methods Professor	_		Program	n Chairperson
Signature over printed name)			_	ver printed name)
	D	ean		
(Signature ove	er printed name	1	



Form SR14

STUDENT PUBLICATION EVALUATION

Performance Rating: 5 = Exceptional; 4 = Proficient; 3 = Satisfactory; 2 = Needs Improvement; 1 = Limited/Flawed	Encir	cle S	core
A. Introduction Research objective / s were conceptually and operationally defined, comprehensively developed from previous researches, and are well argued. If given a score of 1 (Limited/Flawed), please give a brief explanation:	5 2	4	3
B. Appropriateness of Research Methodology The research design, data gathering techniques, and data analysis used were appropriate for the research problem(s). If given a score of 1 (Limited/Flawed), please give a brief explanation:	5 2	4	3
C. Results and Discussion Results were presented per statement of the problem, are well articulated, and were discussed with supporting review of related literature. If given a score of 1 (Limited/ Flawed), please give a brief explanation:	5 2	4	3
D. Clarity and Organization of Material Development of ideas from introduction to discussion was clear and precise, grammatically sound, effectively transitioned per variable. If given a score of 1 (Limited/Flawed), please give a brief explanation:	5 2	4	3
E. Documentation: Variety and Credibility Review of related literature is up to date and is referenced according to APA standards. If given a score of 1 (Limited/ Flawed), please give a brief explanation:	5 2	4	3
Exceptional: 24 - 20 points; Proficient – 19-15 points; Satisfactory – 14-10 points; Limited – 9 points and below PLEASE TOTAL ADDITIONAL COMMENT(S):			
			- - -
Signature over printed name DATE			-
Final Recommendation			
The Manuscript should be: Accepted Without Revision (Exceptional) Accepted with Major Revisions (Satisfactory) Accepted with Minor Revision/s (Proficient) Rejected (Limited) 21 – 25 poin 16 – 20 poin 10 – 15 poin 9 points and	its its	N	

STUDENT PUBLICATION COPYRIGHT AGREEMENT

Manuscript Title			
Author(s)			
Corresponding author	Affiliation	Email	Phone number

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Volume no._

Year and Month

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Name	Date	Signature
Name	Date	Signature

For office use only

Issue no.

Pages_



STATISTICAL SERVICES FEES (Optional)

	Tools	Undergraduate	МВА	DBA
Basic Statistical Tools	 t-test/z-test Correlation ANOVA Chi-square Non-parametric tools Simple Linear Regression 	Php 3,000	Php 5,000	Php 7,000
Advance Statistical Tools	 Factor Analysis Conjoint Analysis Structural Equation Modelling Trend Analysis Forecasting Logistical Multiple Regression Moderation/ Mediation Analysis Logit/Probit/Tobit DEA Cluster Analysis MANOVA/ANCOVA 	Php 4,000	Php 7,000	Php 10,000

LANGUAGE EDITING FEES (Required)

	Undergraduate	МВА	DBA
No. of Pages (double spaced, Times New Roman, 12)	Php 30 per page excluding the references	Php 40 per page excluding the references	Php 50 per page excluding the references

Note: These are baseline fees. It may vary according to the scope and magnitude of editing done by the editor. IMRaD style is only up to 20 pages if this is what will be required.

INSTRUMENT VALIDATION FEES (Required)

	Undergraduate	МВА	DBA
Corresponding Fee	Php 500*	Php 600*	Php 700*

^{*}Per survey instrument or interview protocol

ORIGINALITY CHECK FEES (Required)

	Undergraduate	МВА	DBA
Corresponding Fee	Php 550*	Php 1,100*	Php 1,650*

^{*} Maximum of 3 runs in the originality checker software