



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:		
Affiliation:	Department:	
	College:	
Brief description (Including synthesis of extensive review of literature):		
Keyword(s):		
Significance of the project/study:		
Expected Output:		
Certification from Research Methods Professor:	<p>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.</p> <p>_____</p> <p style="text-align: center;"><i>Signature over Printed Name</i></p> <p>_____</p> <p style="text-align: center;">Date</p>	