



Date: _____

RESEARCH SERVICES

Name: _____

Course: _____ College/Unit/Institution: _____

Contact No.: _____ E-mail: _____

Name of Adviser/Teacher: _____

E-mail: _____ Signature: _____

Title of Research: _____

Type of Service Requested:

[] Consultation Date: _____ Time: _____

[] Statistical Computation Date: _____ Time: _____

[] Laboratory Date: _____ Time: _____

[] Others: (Ethics Review, IACUC Review) Date: _____ Time: _____

Remarks: _____

Assessed Fee : _____

O.R. No. : _____

Person-in-Charge : _____



Date: _____

RESEARCH SERVICES

Name: _____

Course: _____ College/Unit/Institution: _____

Contact No.: _____ E-mail: _____

Name of Adviser/Teacher: _____

E-mail: _____ Signature: _____

Title of Research: _____

Type of Service Requested:

[] Consultation Date: _____ Time: _____

[] Statistical Computation Date: _____ Time: _____

[] Laboratory Date: _____ Time: _____

[] Others: (Ethics Review, IACUC Review) Date: _____ Time: _____

Remarks: _____

Assessed Fee : _____

O.R. No. : _____

Person-in-Charge : _____



ANGELES UNIVERSITY FOUNDATION
OFFICE OF THE VICE PRESIDENT FOR RESEARCH AND INNOVATION
