



**Student Research Re-grouping Form**

Title of Research Paper: \_\_\_\_\_

This is to request change of members due to the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

Original Members  
(signature over printed name)

New Set of Members  
(signature over printed name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved by:**

\_\_\_\_\_  
Adviser  
(signature over printed name)

\_\_\_\_\_  
Research Officer

\_\_\_\_\_  
Research Director

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Date signed



1<sup>st</sup> Floor, De Las Casas Building • [ard@lettran-calamba.edu.ph](mailto:ard@lettran-calamba.edu.ph) • Trunkline: 049-545-5453 loc (3002/5021/2092)



**Student Research Re-grouping Form**

Title of Research Paper: \_\_\_\_\_

This is to request change of members due to the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

Original Members  
(signature over printed name)

New Set of Members  
(signature over printed name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved by:**

\_\_\_\_\_  
Adviser  
(signature over printed name)

\_\_\_\_\_  
Research Officer

\_\_\_\_\_  
Research Director

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Date signed



1<sup>st</sup> Floor, De Las Casas Building • [ard@lettran-calamba.edu.ph](mailto:ard@lettran-calamba.edu.ph) • Trunkline: 049-545-5453 loc (3002/5021/2092)

