KIDAPAWAN DOCTORS COLLEGE, INC
Research and Publication Department
N. Aquino Ave., Lanao, Kidapawan City
rap@kdci.edu.ph

APPLICATION FORM

Date: _____

Part I: Proposal Oral Defense Application:

I/We the following undersigned researcher(s) with the research title: **(TITLE OF THE RESEARCH PAPER)** would like to apply for **Proposal Oral Defense**.

Hereto attached are the following:

1. Three (3)/Four (4) copies of manuscript

The Researcher(s),

SURNAME, FIRST NAME MIDDLE INITIAL; SURNAME, FIRST NAME MIDDLE INITIAL

Recommended by: _____
Signature over Printed Name of the Adviser

Fees	Amount
	Proposal Oral Defense
Adviser's Fee	
Panelist's Fee (x3 members)	
Grammarian's Fee	
Total Amount to Pay	
Invoice Number	

Attested by: _____ Approved: _____ _____
Accounting/Date Program Head /Date Date of Defense

ACKNOWLEDGEMENT

Date: _____

Name of Researcher(s): **SURNAME, FIRST NAME MIDDLE INITIAL**

Title: **(TITLE OF THE RESEARCH PAPER)**

Date/Time of Defense: _____ Venue: _____

Scheduled by: _____
Signature Over-Printed Name

Date: _____

Part II: Ethics Review and Validation Application:

I/We the following undersigned researcher(s) with the research title: **(TITLE OF THE RESEARCH PAPER)** would like to apply for **Ethics Review and Validation**.

Hereto attached are the following:

1. Three (3)/Four (4) copies of manuscript

The Researcher(s),

SURNAME, FIRST NAME MIDDLE INITIAL; SURNAME, FIRST NAME MIDDLE INITIAL

Recommended by: _____
Signature over Printed Name of the Adviser

Fees	Amount
	Ethics Review and Validation
Research Ethics Review Fee	
Instrument Validation Fee	
Statistician/Data Analyst's Fee	
Total Amount to Pay	
Invoice Number	

Attested by: _____ Approved: _____
Accounting/Date Program Head /Date

ACKNOWLEDGEMENT

Date: _____

Name of Researcher(s): **SURNAME, FIRST NAME MIDDLE INITIAL**

Title: **(TITLE OF THE RESEARCH PAPER)**

Acknowledged by: _____
Head, Research and Publication Office

Date: _____

Part III: Final Oral Defense Application:

I/We the following undersigned researcher(s) with the research title: **(TITLE OF THE RESEARCH PAPER)** would like to apply for **Final Oral Defense.**

Hereto attached are the following:

1. Three (3)/Four (4) copies of manuscript

The Researcher(s),

SURNAME, FIRST NAME MIDDLE INITIAL; SURNAME, FIRST NAME MIDDLE INITIAL

Recommended by: _____
Signature over Printed Name of the Adviser

Fees	**Amount**
	Final Oral Defense
Adviser's Fee	
Panelist's Fee	
Grammarian's Fee	
Plagiarism and AI Detection	
Total Amount to Pay	
Invoice Number	

Attested by: _____ Approved: _____ _____
Accounting/Date Program Head /Date Date of Defense

ACKNOWLEDGEMENT

Date: _____

Name of Researcher(s): **SURNAME, FIRST NAME MIDDLE INITIAL**

Title: **(TITLE OF THE RESEARCH PAPER)**

Date/Time of Defense: _____ Venue: _____

Scheduled by: _____
Signature Over-Printed Name

Date: _____

Part IV: Re-Defense Application:

I/We the following undersigned researcher(s) with the research title: **(TITLE OF THE RESEARCH PAPER)** would like to apply for **Re-defense.**

Hereto attached are the following:

1. Three (3)/Four (4) copies of manuscript

The Researcher(s),

SURNAME, FIRST NAME MIDDLE INITIAL; SURNAME, FIRST NAME MIDDLE INITIAL

Recommended by: _____
Signature over Printed Name of the Adviser

Fees	Amount
	Final Oral Defense
Adviser's Fee	
Research Ethics Review Fee	
Instrument Validation Fee	
Panelist's Fee	
Grammarian's Fee	
Statistician/Data Analyst's Fee	
Total Amount to Pay	
Invoice Number	

Attested by: _____ Approved: _____ _____
Accounting/Date Program Head /Date Date of Defense

ACKNOWLEDGEMENT

Date: _____

Name of Researcher(s): **SURNAME, FIRST NAME MIDDLE INITIAL**

Title: **(TITLE OF THE RESEARCH PAPER)**

Date/Time of Defense: _____ Venue: _____

Scheduled by: _____
Signature Over-Printed Name