South SEED-LPDH College

Yokohama cor. Luxembourg St., BF Homes International, Las Piñas City, Philippines

Tel. No.: (02) 88256374 loc. 320/330

ADVISOR ACCEPTANCE FORM

Date:

Name of members (Last, First, M.I):

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Title:

Abstract (Limit to 250 words)

I accept this research/project to be part of my advisee/s this Academic school year and agree to provide the group with the necessary intellectual and technical guidance they will need for the completion of the project. I have also agreed to provide the group with ample time for inquiries they may have regarding the conduct of the project/research.

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Signature over printed name of adviser

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

Date

Noted:

Giovanni De Jesus Milanez, Ph.D.

Dean, College of Medical Technology