

REQUEST FOR THE CHANGE IN RESEARCH PROGRAM/PROJECT/ STUDY LEADERS

WEST VISAYAS STATE UNIVERSITY

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	composition of our research	team as follows:	
DSITION (Program/Project/Study Leader)	APPROVED (original)	PROPOSED	
Leadel)	NAME OF RESEARCHERS		
	Req	uested by:	
Recommending Approval:	Sign Prog	ature over printed name of gram/Project/Study Leader	
	 	n/Campus Administrator	
Research Coordinator			
Research Coordinator Director, URDC			