

English Editing Form

To be filled out by the researcher	
Thesis / Dissertation / Research Project Title	
Proponent(s)	
Representative Email Address (The representative of the group will send the request to: cav-crd-ee@lpu.edu.ph)	
Adviser(s) [Signature over Printed Name]	
College / Department	
English Editing Service(s) to be availed (1 Check only per request)	<input type="checkbox"/> Complete Language Check <input type="checkbox"/> Proofreading (can only be availed once done with the complete language check) <input type="checkbox"/> Translation Number of pages: _____
Number of Pages (cover to cover)	<input type="checkbox"/> 1 – 70 <input type="checkbox"/> 71 – 100 <input type="checkbox"/> 101 – 130 <input type="checkbox"/> 131 – 160 <input type="checkbox"/> 161 – 190 <input type="checkbox"/> 191 – 200
Type of Service	<input type="checkbox"/> Regular (7 working days) <input type="checkbox"/> Fast Track (3 working days)
To be filled out by CRD	
English Editing Fee (Kindly present this form to the Accounting Office for payment)	
Assigned English Editor	