

Technical 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-te@lpu.edu.ph) | |
| Adviser(s) [Signature over Printed Name] | |
| College / Department | |
| Type of Service | <input type="checkbox"/> Regular (7 working days) <input type="checkbox"/> Fast Track (3 working days) |
| To be filled out by CRD | |
| Technical Editing Fee (Kindly present this form to the Accounting Office for payment) | |
| Assigned Technical Editor | |