|  |  |
| --- | --- |
| Name: |  |
| College/Unit: |  | Position/Academic Rank: |
| Contacts: | Email: | Contact Number/s:  |
| Specific concern: |
| ***For EPRDC use:*** |
| Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature over printed nameDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assigned Faculty Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature over printed nameDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director, EPRDCDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Schedule of the Consultation:Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Action/s taken: | Conforme:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requesting faculty’s name and signature |