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