



LANGUAGE EDITING SERVICE FORM

Thesis Title:

Proponent(s)/Author(s):

Number of Manuscript Pages: _____

Following the RPD Language Editing Format (Times New Roman, 12, double spaced, 1" margin all sides, no special margins/page formatting)

Corresponding Author/Point Person

Name	Academic Department / Academic Program
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Email Address

Contact Number

As much as possible, the corresponding author shall be the one to coordinate with RPD throughout the language editing service as well as the person who would answer the Language Editing Google Form. Avoid changing the point person upon submission of this form.

Requirement Checklist: *Kindly accomplish/attach the following forms/requirements before submitting this form to the RPD*

- This form (SR-07) with adviser's signature
- SR-02 (Latest Certificate of Originality)
- Research manuscript in RPD Language Editing Format (Times New Roman, 12, double spaced, 1" margin all sides, no special margins/page formatting)

We hereby certify that the above information is complete, true, and correct to the best of our ability.

Corresponding Author Signature Over Printed Name and Date	Research Adviser Signature Over Printed Name and Date
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Do not answer beyond this point. For RPD use only

RPD Approval

Language Editor's Approval

Assigned Language Editor: _____

Language Editor's Signature: _____

Assigned by/Date: _____

Approval Date: _____