



ORIGINALITY CHECKING SERVICE FORM

Thesis Title:

Proposal Defense

Final Defense

Field of Study: _____

Proponent(s)/Author(s):

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Name **Academic Department / Academic Program**

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As much as possible, the corresponding author shall be the one to coordinate with RPD throughout the originality checking service as well as the person who would answer the Originality Checking 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 (SR01) with adviser's signature
- SR12 with research adviser and panelist's signature **for Final Defense**
- Manuscript without the references/bibliography page

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

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