**RESEARCHER’S PROFILE FORM**

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| **I. RESEARCHER’S INFORMATION** |
| **Name of Researcher:** |  |
| **Department/Office/College:** |  |
| **Academic Rank:** |  |
| **Position:** |  |
| **Home Address:** |  |
| **Email Address:** |  |
| **Telephone No.:** |  |
| **Mobile No.:** |  |
| **Date of Birth:** |  |
| **II. EDUCATIONAL BACKGROUND** |
| **DEGREE** | **COURSE** | **MAJOR** | **SPECIALIZATION** |
| **Ph.D.** |  |  |  |
| **MA / MS** |  |  |  |
| **BS / AB** |  |  |  |
| **Others** |  |  |  |
| **III. Research Interest/s** |
| In what fields of expertise or competency are you willing to offer research services? Please cite according to your priority. |
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| \*\* Use a separate page if necessary. Attach certified true copies of all certificates and other supporting documents. |
| **IV. LIST OF RESEARCHES** |
| **TITLE OF RESEARCH** | **Area****of****Research** | **NATURE OF INVOLVEMENT****(if Project Leader/****Co-Researcher/etc.)** | **DATE STARTED** | **DATE COMPLETED** |
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|  | **V. LIST OF PUBLICATIONS** |
| **TITLE OF RESEARCH** | **PUBLISHER** | **INDEXING** |
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| (Expand as needed for more researches) |
| **VI. LIST OF PRESENTATIONS** |
| **TITLE OF RESEARCH** | **TITLE OF CONFERENCE** | **DATE & VENUE** | ***\*Indicate if:******International, National, Regional***  |
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| **V. LIST OF CITATIONS** |
| **TITLE OF RESEARCH** | **CITING ARTICLE** | **DATE OF CITATION** |
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| (Expand as needed for more researches) |
| **VII. CERTIFICATION AND PRIVACY STATEMENT**  |
|  *I hereby certify that the information given are true and correct.* *The undersigned is/are fully aware that TSU-University Research Office may share and use information such as names, e-mail addresses, contact number, academic and employment information, and/or research data, for the purpose of fulfilling research undertakings including and limited to for connecting with me, processing of the form and its purpose. I also understand that when this official form, containing my personal information, is no longer needed for its purpose, proper disposal procedures based on university policies shall be done. I hereby allow TSU to collect, process, use and share my personal data contained hereof in the pursuit of its legitimate academic, research and extension purposes and/or interests as an educational institution.* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_*Signature over Printed Name Date (Lead Researcher) |