



**CARAGA STATE UNIVERSITY - RESEARCH ETHICS BOARD**

**NOMINATION FORM**

REC Form No.	A02-01
Version No.	1
Date of Effectivity	6/5/25

**1. General Information**

Name of Nominee			
Affiliation:	Name of Department:	Name of Institution:	
Position:			
Highest Educational Attainment :	Name of Institution:	Year/s attended:	Course/Degree:
Research Related Trainings including Research Ethics:	Name of Course: 1.	Offered by:	Year:

Acceptance of Nomination:

Signature of Nominee  
Date:

Name and signature of Nominator:  
Position:  
Institution:

Date:

Received by: \_\_\_\_\_  
Date: \_\_\_\_\_