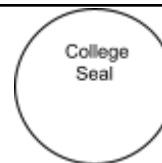




UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines



APPLICATION FOR GROUP RESEARCH

Date (mm/dd/yy)

(NAME OF PROPOSED ADVISER)

(Name of Department)

(Name of College)

USM, Kabacan, Cotabato

Sir / Madam:

We would like to request your understanding and support in the output, as indicated below.

We, the undersigned, are authorized to prepare and submit the Application for Group Research, limited to the Applicable Budgetary Requirements.

The undersigned and signature shall serve as the official representation of the group for such purposes.

Note: Attach the Task Allocation Matrix (USM-EDR-F20-Rev.0.2025.09.08) together with this form. Delete this box in the final copy.

It is within our authority in completing

Member) is duly authorized to prepare and submit the Application for Group Research, including but not limited to the Applicable Budgetary Requirements, and the undersigned and signature shall serve as the official representation of the group for such purposes.

Should some group member/s decide not to continue with the thesis due to unforeseeable circumstances, e.g. transfer to another university, file a leave of absence, and etc., the remaining members shall proceed with the study without the inclusion of additional members.

We are hoping for your most favorable approval on this request. Thank you very much.

Very truly yours,

Printed Name and Signature of Student

APPROVED

Adviser

Date

