UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

College Seal

APPLICATION FOR GROUP RESEARCH

Date (mm/dd/yy)

(NAME OF PROPOSED ADVISER)
(Name of Department)
(Name of College)
USM, Kabacan, Cotabato

Sir / Madam:

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.

We wo . It is within our understanding th ity in completing the output, as inc

We, th Member) is duly authorized to pr ncluding but not limited to the **Ap ce of Thesis,** and **Budgetary Requirements (Estimated Budget and Actual Budget).** The aforementioned member's name 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