		Northern Bukidnon State College **Research Ethics Committee**
REC Form No.	**F-04**	**APPLICATION FOR ETHICS REVIEW OF PROGRESS REPORT**
Version No.	**1**	
Date of Approval: December 09, 2025		
Effectivity Date: December 09, 2025		

Instructions to the Researcher: Please accomplish this form and ensure that you have included in your submission the documents that you checked below (in Section 3. Checklist of Documents).

1. GENERAL STUDY INFORMATION				
Title of the Study				
REC Code *(to be provided by REC)*		Study Site		
Name of Researcher		Contact Information	Tel No:	
			Mobile No:	
Co- researchers (if any)			Email:	
Institution				
Address of the Institution				
Effective period of ethical clearance	From:	To:		
Progress Report				
1. Start of study:				
2. Expected end of study:				
3. Number of enrolled participants:				
4. Number of required participants:				
5. Number of participants who withdrew:				
6. Any amendments to the protocol:				
7. Deviations from the approved protocol:				
8. New information (literature or in the conduct of the study) that may significantly change the risk-benefit ratio:				

9. Issues/problems encountered:

Name and Signature of Researcher:

Date of Submission: Findings and

Recommendation of the Reviewer:

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Name and Signature of Reviewer:
Date: