



FACULTY OF EDUCATION  
UNIVERSITY OF THE PHILIPPINES  
OPEN UNIVERSITY

Maahas, Los Baños, Laguna 4031  
(049) 536 6001 to 06 loc. 830, 831; 536-6009

**FORM 3.1 RESEARCH PROPOSAL REVISION COVER SHEET**

Name		Program and Student Number	MDE 20XX-XXXXX
Title of Thesis/ Dissertation Project			
Research Adviser:			
Members of the Advisory Committee			
Date of Presentation:			

*This form should be submitted 1 month before the date of presentation.*

Reminders: Kindly fill in the needed details. The leftmost column must include the comment/feedback received. Adjust the spacing as needed. Other notes may also be included:

*For example:*

*Please refer to the other attachments – REVISED\_Research/Thesis Proposal after 1<sup>st</sup> submission*

Comments/Suggestions/Inquiry <i>(indicate which section/s is/are involved)</i>	Page	Paragraph	Action taken by the author <i>(how the author acted on the comment)</i>	Page	Paragraph
Example: RATIONALE			Example: If no action was taken ...		
Example: RESEARCH QUESTIONS  xxxxxxxxxxxxxxxxxxxxxxxxxxxx. xxxxxxxxxxxxx. Xxxxxxxxxxxxx xxxxxxxx				p. 10	Par. 3
Example: SIGNIFICANCE OF THE STUDY			Example: A statement is added: theoretical and practical applications of results from the study	p. 11	Par. 4
Example: CONCEPTUAL FRAMEWORK				pp. 64-65	Fig. 2  and  Par. 2, Lines 12-15
Example: METHODOLOGY  <i>Discussion of the research design</i>				p. 68	Par. 1-2

**RECOMMENDATION OF THE PANEL MEMBERS:**

**Committee:**

Research Adviser:

**For Approval**

**For Disapproval**

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Member:

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