**APPOINTMENT FORM**

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|  | **Date:** |  |

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| **Client’s Name:** |  |  |

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| **College:** |  |  |

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| **Agency (for external client):** |  |  |

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| **Degree:**  Undergraduate  Master’s  Doctorate |

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| **Research Title:** |  |
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| --- | --- | --- |
| **E-mail Address:** |  |  |

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| --- | --- | --- |
| **Phone Number:** |  |  |

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| --- | --- | --- | --- |
| **Submitted Document/s:**  Research paper  Survey questionnaire  Research data | | | |
| Others (please specify): |  |  |  |

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| **Confidentiality Clause**  *The undersigned is fully aware that TSU-University Research Statistical Center (URSC) may share and use information such as names, e-mail addresses, contact number, academic and employment information, and/or research data, for the purpose of fulfilling processing my request for a statistical service. I also understand that when this official form, containing my personal information, is no longer needed for its purpose, proper disposal procedures based on university policies shall be done. I hereby allow URSC to collect, process, use and share my personal data contained hereof in the pursuit of its legitimate academic, research and extension purposes and/or interests as an educational institution.* | | |
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| Signature over Printed Name | | |