



UNIVERSITY OF SANTO TOMAS

The Graduate School

Office for Graduate Research (OGR),
Center for Continuing Professional Education and Development (CCPED)
and

Office of the Vice Rector for Research and Innovation (OVRRI)

“ETHICS IN RESEARCH INVOLVING HUMAN PARTICIPANTS FOR GRADUATE STUDENTS 2016”

REGISTRATION FORM

INSTRUCTIONS:

1. Fill out this form carefully and answer all information requested. Please write legibly. Please use a BLACK INK pen.
2. Attach a 2x2 current picture on the space provided at the right-hand corner of this form.

2x2 PHOTO

LEGAL NAME

_____ Last Name First Name Middle Name

PERSONAL INFORMATION

Permanent Address

Street _____ Barangay _____ City _____

Province _____ Country _____

Telephone No. _____ Mobile No. _____

E-mail address _____

Date of Birth _____ Age _____ Place of Birth _____

Gender Male Female Citizenship _____ Religion _____

Civil Status Single Married Separated Widowed

If **Married**, Name of Spouse _____ Contact No. _____

Person to Contact in Case of Emergency _____ Contact No. _____

EDUCATIONAL BACKGROUND

	Name of School	Degree Earned	Year Obtained
Post Graduate	_____	_____	_____
College	_____	_____	_____

PRESENT EMPLOYMENT

Position _____

Company _____

Company Address _____

Business Phone No. _____ Facsimile No. _____

UST GRADUATE SCHOOL DETAILS

Year of Entry _____

Degree Program Master's Doctoral

Field of Specialization _____ (e.g. Business & Management, Humanities & Liberal Arts, Natural Science, Health Science, Social Science, etc.)

Area of Specialization _____ (e.g. Nursing, Commerce, Architecture, Chemistry, etc.)