



**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”  
04 March 2017**

**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.



**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.)