


Form No. 2

 	AGO MEDICAL AND EDUCATIONAL CENTER Graduate School - Master of Science in Public Health Legazpi City
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Research/Thesis Advisory Committee Thesis Proposal Review Form

Research/Thesis Title: _____

Student: _____ Student Number: _____

Duration of conduct of the Study: _____

Major Areas of Evaluation	Yes/ No	Remarks
1. Is the proposal deals with the Research Agenda for Health? (Contribution to knowledge of Public Health and medical field in general) (40%)		
2. Completeness in format and substance (20%)		
2.a. Objectives (SMART criteria) (5%)		
2.b. Adequacy of Literature review (5%)		
2.c. Appropriate study framework (20%)		
2.d. Expected Output (20%)		
3. Soundness of research Design (Appropriateness of methods to answer objectives) (40%)		

Action Take: (Please check one):

- Return to Proponent: For compliance with the remarks of the reviewer
- No revisions required: Endorsed to the Dean of the Graduate School for approval

Reviewed/Evaluated by: _____

Concurred by: _____

 Signature over Printed Name
 Member of the Research/Thesis Advisory Committee

 Signature over Printed Name
 Chair of the Research/Thesis Advisory Committee