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**UNIVERSITY OF SANTO TOMAS COLLEGE OF NURSING**

*España Boulevard, Sampaloc, Manila, Philippines 1015*

**UST:A012-00-FO01
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**ODC Form 1 A Actual Delivery Form**

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**Accredited by PACUCOA, Level III Accredited Status, August 2015**

**INSTITUTIONAL RESEARCH (QUALITY ASSURANCE) STUDY ASSESSMENT FORM**

|  |  |  |
| --- | --- | --- |
| **Protocol Number:** | **Received by:** | **Date received:**  |
| **Research Title:** |
| **Proponent/Contact Person:** | **Contact Number:** | **Email:** |
| **Mark and comment on the item(s) that needs clarification and/or improvement:** |
| **RESEARCH ITEMS** | **ASSESSMENT** | **POINTS FOR IMPROVEMENT/COMMENTS** |
| 1. Title of the study and Objectives
 | □ Clearly Stated□ Unclear |  |
| 1. Significance of the Study
 | □ Clear□ Unclear |  |
| 1. Research Design
 | □ Appropriate□ Not Appropriate |  |
| 1. Sample Size and Selection Criteria
 | □ Adequate□ Inadequate |  |
| 1. Research Instruments (*Quantitative*) or Research Rigor (*Qualitative*)
 | □ Appropriate□ Not Appropriate |  |
| 1. Data Analysis or Mode of Analysis
 | □ Appropriate□ Not Appropriate |  |
| 1. Findings
 | □ Appropriate□ Not Appropriate |  |
| 1. Conclusions and Recommendations
 | □ Appropriate□ Not Appropriate |  |
| **Over-all Comments and Suggestions:** |
| **RECOMMENDATION** |
|  □ Approved □ Approved with revisions or clarifications □ Disapproved | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Reviewer (Signature over Printed Name/Date)* |