



UP OPEN UNIVERSITY
Institutional Research Ethics Committee

CURRICULUM VITAE FORM

REC Form No. 1 (B)

Version No: 01

Date of Effectivity:

General Information

Name:		Date of birth:	
Address:		Contact number: Email address:	
Affiliation:	Name of Department:	Name of Institution:	
Position:		Specialty:	
Highest Educational Attainment :	Name of Institution:	Course/Degree:	Year/s attended:
Research Related Trainings including Research Ethics:	Name of Course: 1.	Offered by: 1.	Year: 1.

Name and signature:

Date: