

## AGREEMENT BETWEEN ADVISER AND STUDENTS & ACCEPTANCE OF PANEL MEMBERS

**IMPORTANT INFORMATION**

- THIS FORM SHOULD BE SUBMITTED BY THE SECOND WEEK OF THE TERM.
- THE ADVISER SHOULD SIGN THE CONFORME BY THE FIRST WEEK OF THE TERM.

COURSE:	COURSE CODE:	SECTION:	SY/TERM:
TENTATIVE TITLE OF RESEARCH PROJECT:			GROUP CODE:

INTEGRATIVE COURSES		THESIS PHASE	
<input type="checkbox"/> THESIS	<input type="checkbox"/> PLANT DESIGN	<input type="checkbox"/> PROPOSAL DEFENSE	<input type="checkbox"/> FINAL DEFENSE
<input type="checkbox"/> CAPSTONE PROJECT	<input type="checkbox"/> BUSINESS PLAN	<input type="checkbox"/> DATA GATHERING	
<input type="checkbox"/> FEASIBILITY STUDY			

Name of Students (SURNAME, GIVEN NAME MI.)	Student No.	Program of Study	Mobile Number	Signature

\*\*\*\*\*CONFORME of ADVISER\*\*\*\*\*

*I hereby accept the responsibility of supervising the Students listed above for my proposed research project.*

Printed Name	Role	Relevant Degree	Signature	Date
	ADVISER			

\*\*\*\*\*CONFORME of PANEL MEMBERS\*\*\*\*\*

*I hereby accept the responsibility as Panel Member for the Thesis/Capstone Project/ Feasibility Study*

Printed Name	Role	Relevant Degree	Signature	Date
	ADVISER			
	CHAIR			
	MEMBER			

PREPARED BY	ENDORSED BY	APPROVED BY
COURSE COORDINATOR <small>Signature over printed name / Date</small>	PROGRAM CHAIR <small>Signature over printed name / Date</small>	DEAN <small>Signature over printed name / Date</small>