

REQUEST FOR ORAL DEFENSE

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

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

SCHEDULE OF ORAL DEFENSE		
DATE:	TIME:	VENUE:

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

*****CONFORME of ADVISER AND PANELISTS*****

We hereby agree to the scheduled date of the proposal/oral presentation. We also certify that a draft copy of the paper was given to us at least three (3) days prior to scheduled presentation.

Examination Committee	Printed Name	Signature/Date	Contact Details
ADVISER			
PANEL CHAIR			
PANEL MEMBER			

PREPARED BY	NOTED BY
COURSE COORDINATOR <small>Signature over printed name / Date</small>	PROGRAM CHAIR <small>Signature over printed name / Date</small>