

REQUIREMENTS FOR REVISION

IMPORTANT INFORMATION

- THIS FORM IS TO BE FILLED OUT BY THE ADVISER AFTER THE DELIBERATION OF THE PANEL
- THE PANEL CHAIR IS TO READ THE COMMENTS FOR CONCURRENCE BEFORE THE PANEL MEMBERS WOULD SIGN
- USE BACK PAGE OR ADDITIONAL SHEETS IF NECESSARY

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:

<i>COMMENTS FROM PANEL MEMBERS</i>

_____ ADVISER (Signature over printed name)	_____ PANEL CHAIR (Signature over printed name)	_____ PANEL MEMBER (Signature over printed name)
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<input type="checkbox"/> Approved with no revisions	<input type="checkbox"/> Approved with major revisions	<input type="checkbox"/> For re-defense
<input type="checkbox"/> Approved with minor revisions	<input type="checkbox"/> Disapproved	

CONFORME		
_____ STUDENT 1 (Signature over printed name)	_____ STUDENT 2 (Signature over printed name)	_____ STUDENT 3 (Signature over printed name)

NOTED BY

_____ COURSE COORDINATOR (Signature over printed name)	_____ PROGRAM CHAIR (Signature over printed name)
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ADDITIONAL COMMENTS FROM PANEL MEMBERS

PANEL MEMBER 1

PANEL MEMBER 2
(Signature over printed name)

PANEL MEMBER 3

CONFORME

STUDENT 1

STUDENT 2
(Signature over printed name)

STUDENT 3

NOTED BY:

ADVISER
(Signature over printed name)

COURSE COORDINATOR
(Signature over printed name)