

## SUMMARY OF COMMENTS AND APPROVAL

**IMPORTANT INFORMATION**

- ADVISERS SHOULD SPECIFICALLY ADDRESS THE COMMENTS AND/OR SUGGESTIONS BY THE PROOF READER.

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

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

Revision(s) Date	<i>COMMENTS FROM PROOFREADER</i> <i>(Use back page or additional sheets if necessary)</i>	Date Returned to Proofreader

Revision(s) Date	Adviser's Remarks	Name & Signature

CONFORME		
<b>STUDENT 1</b> (Signature over printed name)	<b>STUDENT 2</b> (Signature over printed name)	<b>STUDENT 3</b> (Signature over printed name)

NOTED BY:	<b>COURSE COORDINATOR</b> (Signature over printed name/Date)	<b>PROGRAM CHAIR</b> (Signature over printed name/Date)
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ENDORSED FOR PRINTING:	<b>PROOFREADER</b> (Signature over printed name/Date)
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