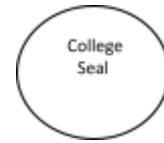




UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines



APPLICATION FOR MANUSCRIPT DEFENSE

Name	
Degree/Major	
Thesis Title	
Date of Examination	
Time	
Place	

MEMBERS OF THE EXAMINING COMMITTEE

Name	Signature	Date

RECOMMENDING APPROVAL:

_____ Adviser	_____ Co-Adviser (Optional)
_____ College Statistician (Optional)	_____ Department Research Coordinator
_____ Department Chairperson	

APPROVED:

REPORT ON THE RESULT OF EXAMINATION

Name	Signature	Remarks

APPROVED:

Department Research Coordinator

Date

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