UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

College Seal

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)

APPROVED:

_____ _____
College Statistician (Optional) Department Research Coordinator

_____
Department Chairperson

REPORT ON THE RESULT OF EXAMINATION

Name	Signature	Remarks
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROVED:

_____
Department Research Coordinator

_____
Date