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Appendix D. Application for Thesis Outline Defense

UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

College Seal

APPLICATION FOR THESIS OUTLINE 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 Chairperson

_____ Department Research Coordinator

REPORT ON THE RESULT OF EXAMINATION

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

APPROVED:

_____ Department Research Coordinator

_____

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UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

APPLICATION FOR THESIS OUTLINE DEFENSE

Date