VISAYAS STATE UNIVERSITY

GRADUATE EDUCATION

APPROVAL OF CAPSTONE/THESIS/DISSERTATION OUTLINE

Name: _____

Degree Sought: _____ Minor/Cognate(s): _____

Title: _____

_____

Approved:

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Head, Major Department
Date Signed: _____

Approved:

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Dean, Faculty
Date Signed: _____

Noted:

_____
Director, Graduate Education
Date Signed:_____

GRADUATE EDUCATION
Visayas State University PQWW+JQ Baybay City, Leyte
Email: gs@vsu.edu.ph
Website: www.vsu.edu.ph/gs
Phone: +63 53 565 0600 Local 1062

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