



DEFENSE APPROVAL FORM
Capstone Project 2 | Bachelor of Science in Information Technology

Name of Researchers	Course	Bachelor of Science in Information Technology
Research Title	Final Defense Schedule (Date and Time)	February 12/13, 2024
Review and Acceptance Upon review of the adviser and the Oral Examination Committee it has found that the manuscript, user manual, and software/application has meet all requirements needed for the final defense. Thus, the committee has APPROVED the research with a grade of _____.		FINAL VERDICT (<input type="checkbox"/>) Approved with no revisions (<input type="checkbox"/>) Approved with minor revisions (<input type="checkbox"/>) Approved with major revisions (<input type="checkbox"/>) Re Defense (<input type="checkbox"/>) Failed
Reviewed and endorsed by	Adviser (Name and Signature) Mr. Owen Harvey Balocon, MM-ITM	Date
Approved by RESEARCH EVALUATION COMMITTEE	Chair of the Panel (Name and Signature)	Date
	Member/ Panelist (Name and Signature)	Date
	Member/ Panelist (Name and Signature)	Date