FACULTY OF EDUCATION
UNIVERSITY OF THE PHILIPPINES
OPEN UNIVERSITY

Maahas, Los Baños, Laguna 4031
(049) 536 6001 to 06 loc. 830, 831; 536-6009

REPORT OF FINAL ORAL DEFENSE

Title of Research: _____
_____
_____

Name and Student Number: _____
Degree Program: _____
Date, Time and Place of: _____
final oral presentation[1] _____

Committee	**Signature**
Adviser: _____	_____
Co-Adviser _____	_____
Members: _____	_____
_____	_____
_____	_____

Others Present[1]: _____ _____
_____ _____

[2]Committee's Decision: ☐ Pass ☐ Fail

Classification ☐ Invention (I) ☐ Publication (P) ☐ Confidential (C) ☐ Free (F)

Additional Remarks or Recommendations:

_____
_____
_____

Noted:

_____ _____
Program Chair Dean

[1]To be filled out by the Faculty of Education
[2]may also be written directly on the copy of the manuscript or in extra sheets