

	<b>DISSERTATION/THESIS/RESEARCH PRACTICUM PROPOSAL ORAL EXAMINATION</b>	Document No.: FM-RS-08-01
		Effective Date: October 9, 2017
		Supersedes: FM-RS-08-00
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Date: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> DISSERTATION         | <input type="checkbox"/> MASTER'S THESIS                  | <input type="checkbox"/> GRADUATE RESEARCH PRACTICUM |
| <input type="checkbox"/> UNDERGRADUATE THESIS | <input type="checkbox"/> UNDERGRADUATE RESEARCH PRACTICUM |  |

TITLE: \_\_\_\_\_

Name of Student	Student No.	Program of Study

**SCHEDULE OF PRESENTATION**      Mobile # : \_\_\_\_\_ E-mail Address : \_\_\_\_\_

DATE APPLIED FOR \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

**CONFORME**

We hereby agree to the scheduled date of the proposal oral examination. We also certify that a draft copy of the paper was given to us a week ahead of the scheduled oral examination.

Examination Committee	Printed Name	Signature	Date
Advisor 1			
Advisor 2			
Advisor 3			
Panel Member 1			
Panel Member 2			
Panel Member 3			
Panel Member 4			
School Representative			

*For the School Representative:*

Logistic Checklist: LCD \_\_\_\_\_ Laptop/Computer \_\_\_\_\_ Room \_\_\_\_\_ Poster \_\_\_\_\_

**APPROVALS**

**PROGRAM CHAIR :** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DEAN :** \_\_\_\_\_

**DATE:** \_\_\_\_\_