

	DISSERTATION/THESIS/RESEARCH PRACTICUM FINAL ORAL EXAMINATION	Document No.: FM-RS-11-02
		Effective Date: April 23, 2020
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		Page: 1 of 1

Date: _____

- DISSERTATION MASTER'S THESIS GRADUATE RESEARCH PRACTICUM
 UNDERGRADUATE THESIS 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 final 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: _____