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| **College of**  **Department of**  **APPLICATION FOR ORAL DEFENSE OF THESIS** | | | | | | | |
| Lead Researcher: |  | | | | | | |
| Contact Number of Lead Researcher: |  | | | | | | |
| Co-researchers: |  | | | | | | |
|  | | | | | | | |
| Oral Defense Applied for: |  | Concept | |  | Proposal |  | Final |
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| Working Title of Research: | | | | | | | |
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| Date and Time of Defense: |  | | | | | | |
| Place of Defense: |  | | | | | | |
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| Panel Evaluators: | | | | | | | |
| Panel Chair : |  | | | | | | |
| Adviser: |  | | | | | | |
| Members: |  | | | | | | |
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| Documenter: |  | | | | | | |
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| Endorsed: |  | | | | | | |
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| Name and Signature of Adviser | | |  | | | | |
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| Recommending Approval: | | | Approved: | | | | |
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| Name and Signature of Department Chair | | | Name and Signature of College Dean | | | | |