

EECE CULMINATING DESIGN CONFORMITY OF REVISIONS FORM

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Name of Student			Student No.		No.	Program of Study		
IMPLEMENTATION OF THE RECOMMENDED REVISIONS								
Nature of Revision		Previous		Revision/s Made		Page Reflected		
[C] Complied								
[NC] Not Complied	[A] Adviser [P] Panel	Examination Committee			Signature			Date
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