CONSULTATION LOGS FORM

Capstone Project Title	
Proponents:	
Team Name:	
Total # of Modules:	

Prototype	DT of Consultation	# of Modules Fully Implemented	# of Modules Partially Implemented	Percentage	Project Manager's Signature	CAPA Signature
(Replace this part about the Activity to be consulted) Deadline: _____						
	Remarks					
(Replace this part about the Activity to be consulted) Deadline: _____						
	Remarks					