



Southern Luzon State University
COLLEGE OF _____
Lucban, Quezon

NOTICE OF RESEARCH ORAL DEFENSE

Name of Student: _____ Course: _____

Title of Thesis: _____

Date & Time: _____ Venue: _____

Confirmed:

	PRINTED NAME	SIGNATURE
PANEL OF EVALUATORS		
Chairman	_____	_____
Member	_____	_____
Member	_____	_____

Noted:

(Signature over Printed Name)
Research Adviser

(Signature over Printed Name)
Research Co-adviser (Optional)

Recommending Approval:

(Signature over Printed Name)
Research Professor

(Signature over Printed Name)
Program Chairman

Approved:

(Signature over Printed Name)
Dean, _____