



Republic of the Philippines
Southern Luzon State University
Lucban, Quezon

College of _____

PRE ORAL EXAMINATION

Name of Examinee: _____
Date and Time: _____
Venue: _____

	Panel Members	Evaluation		
		Accepted	Rejected	Others
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
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Title of Proposal/ Thesis: _____

Adviser: _____

This is to certify that the Committee on Oral Examination has conducted the examination in accordance with the rules and regulations of SLSU and the members have indicated above their evaluation of the thesis.

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