



Southern Luzon State University  
COLLEGE OF \_\_\_\_\_  
Lucban, Quezon

NOTICE OF RESEARCH ORAL DEFENSE

Name of Student: \_\_\_\_\_ Course: \_\_\_\_\_  
Title of Thesis: \_\_\_\_\_  
Date & Time: \_\_\_\_\_ Venue: \_\_\_\_\_

Confirmed:

	<i>PRINTED NAME</i>	<i>SIGNATURE</i>
PANEL OF EVALUATORS		
Chairman	_____	_____
Member	_____	_____
Member	_____	_____

Noted:

_____ <i>(Signature over Printed Name)</i> Research Adviser	_____ <i>(Signature over Printed Name)</i> Research Co-adviser (Optional)
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Recommending Approval:

_____ <i>(Signature over Printed Name)</i> Research Professor	_____ <i>(Signature over Printed Name)</i> Program Chairman
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Approved:

\_\_\_\_\_  
*(Signature over Printed Name)*  
Dean, \_\_\_\_\_