**APPLICATION FOR PROPOSAL DEFENSE**

OU Form 7

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(x) Thesis Proposal Defense** – passed 75% of coursework including Research Methods and duly endorsed by Adviser. Attach a copy of proposal.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Please allow 7-10 working days (except Sundays), after filing of the application, before the scheduled exam, and remind Committee members of the schedule]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Signature of Student

**Thesis Advisory Committee**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Name & Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Name & Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson/ Adviser Name & Signature

Endorsed: Approved:

**E.CIRILO/G.ULBAN JR./R.LOKINES LEONARD T. APILIS, PhD**

Asst. Director Director

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: It is mandatory to have an approved advisory committee before applying for the Thesis Defense. All Panel Members must sign before submitting at OU.*

.