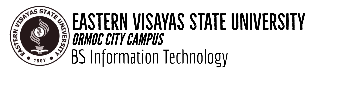
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**APPLICATION FOR PRE-ORAL MOCK DEFENSE**

|  |  |
| --- | --- |
| PROJECT TITLE | |
| PROPONENTS | **SIGNATURE** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| PANEL COMPOSITION | **RECOMMENDING APPROVAL** |
| Chairman | I certify that I reviewed the capstone manuscript and as well evaluated their prototype of the above-stated study, I therefore submit them ready for pre-oral mock defense as their prototype is within the required percentage (5% - 30%) and classify the proponents as eligible for defense set by the Information Technology Program Coordinator.  Adviser  Date: |
| Member |
| Member |
| Member |
| APPROVED | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Coordinator  Date: | |