



ST. MICHAEL'S COLLEGE OF ILIGAN, INC.

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Subject:

**TW Form 1: Approval of Thesis Title
and Nomination of Panel of Examiners**

Rev.:

0

Effective Date:

2.12.2025

College: _____

Institutional Research Agenda: _____

College Research Agenda: _____

Proponents: 1. _____
2. _____
3. _____

Proposed Titles:

1. _____

2. _____

3. _____

Adviser: _____ **Signature** _____

Panel of Examiners

Signature

1. _____
2. _____
3. _____

College Dean

Coordinator, Research Management Office

Approved by:

Vice President, Academic Affairs