**PARENTAL/GUARDIAN CONSENT**

This is to allow our \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be physically present during

(name of son/daughter/immediate relative)

the ORAL DEFENSE, as scheduled within this second semester of AY 2020-2021. We understand the health

risks involved and we will be abiding with the health protocols to be implemented by the Pamantasan ng

Cabuyao for this matter.

Signature Over Printed Name of Parent/Guardian

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