

**ADVISER'S ACCEPTANCE FORM**

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Name of Adviser

Hereby accepts the proponents:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

as thesis / IT capstone advisees for their study entitled:

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(Title of the Study)

For academic year 2018-2019

Conforme:

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Signature over Printed Name

Certified by:

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Name of Thesis / IT Capstone Project Adviser  
*Signature over printed name*