

	DISSERTATION/THESIS/RESEARCH PRACTICUM PROPOSAL ORAL EXAMINATION	Document No.: FM-RS-08-01
		Effective Date: October 9, 2017
		Supersedes: FM-RS-08-00
		Page: 1 of 1

Date: _____

- ☐ **DISSERTATION**
☒ **MASTER'S THESIS**
☐ **GRADUATE RESEARCH PRACTICUM**
☐ **UNDERGRADUATE THESIS**
☐ **UNDERGRADUATE RESEARCH PRACTICUM**

TITLE: _____

Name of Student	Student No.	Program of Study

SCHEDULE OF PRESENTATION Mobile # : _____ E-mail Address : _____

DATE APPLIED FOR _____ Day _____ Time _____

CONFORME

We hereby agree to the scheduled date of the proposal oral examination. We also certify that a draft copy of the paper was given to us a week ahead of the scheduled oral examination.

Examination Committee	Printed Name	Signature	Date
Advisor 1			
Advisor 2			
Advisor 3			
Panel Member 1			
Panel Member 2			
Panel Member 3			
Panel Member 4			
School Representative			

For the School Representative: _____
 Logistic Checklist: LCD ☐ Laptop/Computer ☐ Room ☐ Poster ☐

APPROVALS

PROGRAM CHAIR : Printed Name _____ **DATE:** _____

DEAN : Printed Name _____ **DATE:** _____