



**DISSERTATION/THESIS/RESEARCH PRACTICUM
PROPOSAL ORAL EXAMINATION**

Document No. : FM-RS-08-02

Effective Date: June 2, 2014

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 # _____ Email 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 : _____ DATE : _____

DEAN : _____ DATE : _____