



OFFICE OF THE GRADUATE SCHOOL
APPLICATION FOR THESIS DESIGN HEARING

Date

Director, Graduate School
Southern Leyte State University
Sogod Southern Leyte

Ma'am/Sir:

May I have the honor to seek permission and approval to take the Pre-Oral Examination of my thesis entitled: "_____

"on
_____.

Attached is a certification of passing the Written Comprehensive Examination.

Very respectfully yours,

Applicant

This is to certify that _____ a
_____ student has met the
requirements to enable him/her to take the Pre-Oral Examination of his/her thesis on
_____.

Approved:

Director, Graduate School