



OFFICE OF THE GRADUATE SCHOOL

CHECKLIST FOR THESIS DESIGN HEARING

Name: \_\_\_\_\_ Program: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Thesis Agendum Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_ Adviser's Certification and Recommendation for Design Hearing (GST Form 6)
- \_\_\_ Application for Design Hearing Defense (GST Form 4)
- \_\_\_ Certification of Grades/TOR
- \_\_\_ Fully Cleared Clearance
- \_\_\_ Copy of Enrollment Form (ORF), \_\_\_\_\_ Semester/Summer \_\_\_\_\_
- \_\_\_ Designation as Adviser
- \_\_\_ Abstract
- \_\_\_ Written Comprehensive Examination (WCE) Certification
- \_\_\_ Photocopy of OR for full payment of school fees
- \_\_\_ Photocopy of receipts for payment of Defense and other fees
- \_\_\_ Consultation Schedule

PANEL OF EXAMINERS

Chairperson: \_\_\_\_\_  
Members: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORAL EXAMINATION

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

Checked by/Date:

\_\_\_\_\_