



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

ORAL EXAMINATION

Chairperson: _____
Members: _____

Date: _____
Time: _____

Checked by/Date: _____

