



OFFICE OF THE GRADUATE SCHOOL

TACTICAL PLAN APPLICATION AND REQUIREMENTS

Date

Director, Graduate School
SLSU, Main Campus
Sogod Southern Leyte

Sir/Madam:

I would humbly seek permission to undergo the Oral Examination for my Tactical Plan entitled:_____

_____. Please see attached requirements.

Respectfully yours,

Applicant

	Requirements	Received	Date
1	Comprehensive Exam. Certificate(Photocopy)		
2	Adviser's Recommendation for Oral Defense		
3	Official Registration Form (Photocopy)		
4	O.R. of full payment of school fees (Photocopy)		

Approved:

Director, Graduate School