



**UNIVERSITY OF THE EAST**  
**RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC.**  
#64 Aurora Boulevard, Barangay Doña Imelda  
Quezon City 1113 Philippines  
Tel. # 716-92-08



**GRADUATE SCHOOL**

**APPLICATION FOR THESIS DEFENSE**

PERSONAL INFORMATION		THESIS TITLE
Last Name:		<input type="checkbox"/> Proposal <input type="checkbox"/> Final    Date: _____
First Name:		
Middle Name:		
ACADEMIC INFORMATION		
Student Number:		
Degree Program/Major:		
CONTACT INFORMATION		
Telephone No.:		
Mobile No.:		
Email Address:		
EVALUATION OF RECORDS (DO NOT FILL)		PANEL COMPOSITION
Completed Coursework	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	Adviser:
Passed Comprehensive Exam	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	Panel Chair:
Enrolled in Thesis/Residency	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	Member:
Passed Proposal Defense	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	Member:
Granted Ethics Approval	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	
THESIS WRITING ENROLLMENT STAGE		APPROVED FOR DEFENSE
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Evaluated by: _____ <b>PROGRAM COORDINATOR/COLLEGE SECRETARY</b></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Noted by: _____ <b>DEAN</b></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/> Term 5</div><div><input type="checkbox"/> Term 6 <input type="checkbox"/> Term 7 <input type="checkbox"/> Term 8 <input type="checkbox"/> Term 9</div></div></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">_____ <div style="text-align: center;">Signature over printed name / Date <b>STUDENT</b></div></div>		<b>ADVISER</b> I certify that the Thesis manuscript is ready for defense.  _____ <div style="text-align: center;">Signature over printed name / Date</div>
		<b>PROGRAM COORDINATOR</b> I certify that the student is qualified for oral defense of his/her manuscript.  _____ <div style="text-align: center;">Signature over printed name / Date</div>
		<b>UNIVERSITY REGISTRAR</b> I certify that the student has completed his/her coursework & can proceed to the Thesis stage.  _____ <div style="text-align: center;">Signature over printed name / Date</div>

Accomplish this form in four copies, and pay the assessed proposal or final defense fees.

Distribution of the copies shall be: Office of the Registrar (1); Graduate School (1); Program Coordinator (1); and the Student (1).