

Form 6: Thesis Defense Panel Honoraria Form (Please Submit in Triplicate)



College of Social Work and Community Development  
University of the Philippines  
Diliman, Quezon City

Form No. **CSWCD.TH-06**  
SS 2016-2017 MTVT

\_\_\_\_\_  
(Date)

The Vice-Chancellor for Academic Affairs  
University of the Philippines  
Diliman, Quezon City  
Philippines

Dear \_\_\_\_\_:

This is to certify that \_\_\_\_\_ has taken the oral examination on the thesis entitled: \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_ before an examination panel composed of the following:

	Name	Employee No.	TIN.
Panel Chair			
Adviser			
Reader/Critic			
Member			
Member			
Member			
Member			

It is hereby requested that the above-mentioned thesis panel members be paid their honoraria as per schedule or rate approved by the Board of Regents. Attached herewith is a report of the examination panel.

Very truly yours,

\_\_\_\_\_  
Dean