



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

Form No. **CSWCD.TH-01**
SS 2016-2017 MTVT

(Date)

The Chairperson
Department of _____
College of Social Work & Community Development
University of the Philippines
Diliman, Quezon City
Philippines

Dear _____:

This is to certify that we have reviewed the attached thesis proposal of _____
entitled: _____
_____. The proposal
is acceptable so the student may now proceed to implement the study taking into
consideration the following:

Thesis Adviser

Panel Members:

NOTED BY:

Department Chairperson

Enclosed: Thesis Proposal