

Form #4: Request for Thesis Defense/Oral Presentation Form
(Please Submit 3 copies)



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

Form No. **CSWCD.TH-04**
SS 2016-2017 MTVT

(Date)

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

Dear _____:

We would like to request that an oral presentation be scheduled on the thesis of
_____ entitled: _____
_____ on
_____ at _____.

As approved the member of the thesis panel are:

Critic: _____

Other Panel Members:

Thank you very much.

Sincerely,

Thesis Adviser

ACTION OF THE DEPARTMENT:

Department Chairperson