



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

Form No. **CSWCD.TH-02**  
SS 2016-2017 MTVT

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

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

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

The thesis proposal of \_\_\_\_\_ entitled: \_\_\_\_\_

\_\_\_\_\_ is now ready for presentation. In consultation with the student, may we recommend the following to serve on the thesis panel:

Name of Panel Members	Institution/Organization

The presentation is scheduled on \_\_\_\_\_ at \_\_\_\_\_.

Thank you very much.

Sincerely,

\_\_\_\_\_  
Thesis Adviser

**ACTION OF THE DEPARTMENT:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Chairperson