

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