



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

Form No. **CSWCD.TH-05**  
 SS 2016-2017 MTVT

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

The Dean  
 College of Social Work & Community Development  
 University of the Philippines  
 Diliman, Quezon City  
 Philippines

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

We have the honor to inform you that the undersigned served in the oral examination of \_\_\_\_\_, a Master thesis entitled:

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

on \_\_\_\_\_ and voted as follows:

	Name	For Approval	For Disapproval
Chairperson			
Adviser			
Critic/Reader			
Member			
Member			
Member			
Member			

Committee's decision, please check one:             Passed             Failed

Additional Remarks: \_\_\_\_\_  
 \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
 Chairperson/Adviser

Noted By:

\_\_\_\_\_  
 Dean