



De La Salle University
OFFICE OF THE VICE-CHANCELLOR FOR ACADEMICS

THESIS MENTORING REPORT

_____ Trimester, AY _____

DEPARTMENT: _____

COLLEGE: _____

- Note: 1. Please leave at least three spaces between each group**
2. Please attach class lists/final grading sheets

No. of Units _____

Group Seq. Number	Name of Students <i>(Please arrange names alphabetically per group)</i>	Course/Section	Thesis Title	Adviser and Rank

Thesis Coordinator: _____ Approved by: _____ Approved by: _____ Approved by: _____

Chair

Dean

VCA

Date: _____ Date: _____ Date: _____ Date: _____