

THESIS DEFENSE REPORT

		Trim	ester, SY			
DEPARTMENT:		COLLEGE:				
	 Please leave at least three spaces between Please attach class lists/final grading sheen 			No. of Units		
Group Seq. Number	Name of Students Who Defended (Please arrange names alphabetically per group)	Course/Section	Thesis Title	Panelist	Classification DLSU Non-DLSU	
Thesis Coordinator:		Approved by:Chair		Approved by:	Approved by:	
Date :		Chair Date :		Date :	Dean	