WCE PANEL REPORT

(Form No. R-24)

NOTE: To be accomplished in duplicate

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<tr><td>Date(s) of WCE</td><td></td><td>Department</td><td colspan="2"></td></tr>
<tr><td>Student Name / ID No. / Program</td><td>WCE Area</td><td colspan="2">Examiner / Checker / Reviewer</td><td>Result (Passed/Failed)</td></tr>
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Prepared by (Coordinator):

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Signature over printed name / Date

Approved by (Department Chair):

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Signature over printed name / Date