



DATE / TIME OF DEFENSE	AY / TERM
SECTION A: PROGRAM INFORMATION	
COLLEGE OF	LAST NAME
DEPARTMENT	FIRST NAME
DEGREE / PROGRAM	MIDDLE NAME
MAJOR / SPECIALIZATION	ID NO.

SECTION C: THESIS / DISSERTATION INFORMATION		
DEFENSE RESULT		THESIS / DISSERTATION TITLE
q		
q		
q		
q		
<p>* Revisions not approved and reported to the Office of the University Registrar, through the Panel Chair Report, not later than three (3) terms from the term of enrollment in defense shall be considered as "Failed."</p> <p>** Failed defense means student has to restart thesis/dissertation cycle.</p>		

SECTION D: THESIS / DISSERTATION PANEL	
NAME	SIGNATURE
PANEL CHAIR	
MEMBER	
MEMBER	
MEMBER	
MEMBER	

SECTION E: DEPARTMENT	
NAME	SIGNATURE
ADVISER	
DEPARTMENT CHAIR	

This Final Defense Panel Report must be accomplished in four (4) copies by the Chair of the Defense Panel and submitted immediately to the Office of the University Registrar, without need for the revisions in the thesis/dissertation. Distribution of the copies shall be: Front Desk of the Office of the University Registrar (2); the Department (1); and the Student (1).