



Application Form for the second/final schedule of the Oral Defense (Spring 2012)

(This form is only for the students who have missed the regular oral defense schedule for only valid reason)

Name of the Student : _____

ID No. : _____

Course : _____

Major : _____

Phone No : _____

Email Address : _____

Commencement date of Internship : _____

Place of Internship : _____

Name of the Supervisor: _____

Reason(s) for the delay in the appearance for Oral Defense

Supervisor's Comment(s)

Endorsement by the Supervisor

Approved **Disapproved**

Signature of the Student