



OFFICE OF THE GRADUATE SCHOOL
CHECKLIST FOR THESIS FINAL DEFENSE

Name: _____ Program: _____
Address: _____ Contact No.: _____
Thesis Title: _____

- ___ Adviser's Certification and Recommendation for Thesis Final Defense (GST Form 13)
- ___ Application for Thesis Final Defense (GST Form 11)
- ___ Fully Cleared Clearance
- ___ Copy of Enrollment Form (ORF), _____ Semester/Summer _____
- ___ Copy of the Certification for Approval of Thesis Agendum
- ___ Photocopy of OR for full payment of school fees
- ___ Consultation Schedule
- ___ Five copies of Thesis manuscript for distribution to the panel members

PANEL EXAMINERS

Chairperson: _____

Members: _____

ORAL EXAMINATION

Date: _____

Time: _____

Remarks: _____

Checked and Received by/Date:
