



PhD SYNOPSIS DEFENSE

Synopsis Defense Date: _____

Ms /Mr. _____ S/D/O _____

Department/Institute/Center _____ Session: Spring/Fall: _____

Registration Number: _____ Date: _____

Remarks of the panel: _____

Recommendation: Approved ☐ Re-appear ☐ Dismissed ☐

DAC & SUPERVISORY COMMITTEE

Chairperson: _____
(name) _____

Supervisor: _____
(name) _____

Member 1: _____
(name) _____

Subject Expert: _____
(name) _____

Member 2: _____
(name) _____

Dean Faculty: _____
(name) _____

Coordinator: _____
(name) _____

Chairman, Graduate Studies: _____
(name) _____

Co-Supervisor: _____
(name) _____

Controller of Examination: _____
(name) _____