Gov. Infantado St.
Calapan City 5200
Oriental Mindoro
Philippines

DIVINE WORD COLLEGE OF CALAPAN

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GS FORM 4 – PC_OD PANEL'S COMMENT ON THESIS/DISSERTATION PROPOSAL / FINAL DEFENSE

STUDENT INFORMATION		DEFENSE INFORMATION	
LAST NAME		AY/ TERM / SEMESTER	
FIRST NAME		DATE	
MIDDLE NAME		TIME	
ID NUMBER		VENUE	
PROGRAM		☐ PROPOSAL	☐ FINAL

THESIS/DISSERTATION TITLE

COMMENTS AND SUGGESTIONS	ACTIONS *(STUDENT)*	PAGE *(STUDENT)*	REMARKS *(STUDENT)*

	NAME	SIGNATURE	DATE
THESIS ADVISER *(Checked the inclusion of comments and suggestions)*			
PANEL MEMBER			
PANEL MEMBER			
PANEL MEMBER			
PANEL MEMBER			
CHAIRMAN:			
PROGRAM COORDINATOR: *(SI ____/institutional format _____)*			
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NOTE: Actions can either be modified, improved, inserted, or deleted. Remarks can either be satisfactorily complied with, not complied with, or to be revised again

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COMMENTS AND SUGGESTIONS	ACTIONS *(STUDENT)*	PAGE *(STUDENT)*	REMARKS *(STUDENT)*