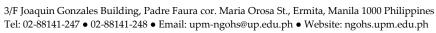


National Graduate Office for the Health Sciences UNIVERSITY OF THE PHILIPPINES MANILA

The Health Sciences Center





Name		npre			
Student Number	Year admitted to the progra	Year admitted to the program			
College					
GWA	Field of Specialization				
	OF MASTER'S THESIS/ DISSERTATION DEFE				
After having satisfactorily completed all the	requirements for the prescribed academic courses in the	e curriculum, the above graduate student			
is serving notice of the oral defense of the thesi	is/dissertation entitledatat				
whic	ch will be held on at				
	(date and time)	(venue)			
Attached are the True Copy of Grades duly signe	d, list of panel members and a photocopy of the Form 5 sh	nowing enrollment in the 300 or 400 series.			
Recommended by:	Endorsed by:				
Thesis/Dissertation Adviser	Dept. Chair/Program Committee Coordinator	College Secretary			
Approved by:					
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Director, NGOHS		NGOHS COPY			
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3/F Joaquin Gonz	sciences Center zales Building, Padre Faura cor. Maria Orosa St., Ermita, Mar ' ● 02-88141-248 ● Email: upm-ngohs@up.edu.ph ● Website:				
Name	Data of application for Con	naro			
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