



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

The Health Sciences Center

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## RESULT DEFENSE

Date \_\_\_\_\_

**Carl Abelardo T. Antonio, MD, PhD**

Director, NGOHS

University of the Philippines Manila

**Through PROPER CHANNELS**

Dear \_\_\_\_\_

We have the honor to inform you that the undersigned served in the oral examination of

\_\_\_\_\_, a \_\_\_\_\_  
*name of student* *program degree/track/major*

candidate who presented his/her dissertation/thesis defense entitled \_\_\_\_\_

on \_\_\_\_\_ at \_\_\_\_\_ College of \_\_\_\_\_  
*date and time* *venue* *degree-granting unit*

University of the Philippines Manila, and voted as follows:

PANEL MEMBERS	FOR APPROVAL	FOR DISAPPROVAL
_____ <i>Chair/Adviser</i>	_____	_____
_____ <i>Reader/Critic</i>	_____	_____
_____ <i>Member</i>	_____	_____
_____ <i>Member</i>	_____	_____
_____ <i>Member</i>	_____	_____

**Committee's Decision:**

**( ) PASSED**

**( ) FAILED**

**Additional Remark's:** \_\_\_\_\_

Very truly yours,

\_\_\_\_\_  
*Panel Chairman/Adviser*

**Endorsed:**

\_\_\_\_\_  
*Dept. Chair/ Chair Graduate Program Committee*

Date \_\_\_\_\_

\_\_\_\_\_  
*Dean*

College of \_\_\_\_\_

Date \_\_\_\_\_

**Please fill up in triplicate.**