**Thesis Final Defense Submission Form**

Date: Contact Details:

Name: email add.

Congregation or Diocese: Mobile Phone no.

Topic:

Adviser:

Name and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N.B. To be attached are five (5) hard copies of the research work for distribution to the panelists or readers.

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Signature of Researcher

Panelists: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Defense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Research Director’s Signature