KIDAPAWAN DOCTORS COLLEGE, INC
Research and Publication Department
N. Aquino Ave., Lanao, Kidapawan City
rap@kdci.edu.ph

APPLICATION FOR RE-DEFENSE

Date: _____

Attached to this form is the manuscript of my/our research paper. I understand that this will be used as basis for my/our panelists in critiquing insufficient/lacking result from my previous oral defense.

Signed: _____ _____
Signature over Printed Name of Proponent — Date Signed

_____ _____
Signature over Printed Name of Proponent — Date Signed

_____ _____
Signature over Printed Name of Proponent — Date Signed

_____ _____
Signature over Printed Name of Proponent — Date Signed

_____ _____
Signature over Printed Name of Proponent — Date Signed

_____ _____
Signature over Printed Name of Proponent — Date Signed

PART I: Recommendation for Manuscript Re-Defense

I confirm that the candidate/s has satisfied the needed requirements for a manuscript re-defense (proposal/ final) as mentored by:

_____
Signature over Printed Name of Adviser

I recommend the appointment of the following individuals as Panel Members for the Oral Defense of this student.

_____ _____
Signature over Printed Name of Panel — Signature over Printed Name of Panel

_____ _____
Signature over Printed Name of Panel — Signature over Printed Name of Panel

I further confirm the following statistician and grammarian of the following students (for final defense only and if necessary for re-defense).

_____	_____
Signature over Printed Name of Data Analyst	Signature over Printed Name of Grammarian

_____
Signature over Printed Name of Program Head and Date Signed

Part II: Approval for Manuscript Re-Defense

This request is recommended, and proposed panel members are recommended for the oral re-defense of the student/s.

_____	_____
Head, Research and Publication Office	Vice President for Academic Affairs