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MINUTES OF THE ORAL DEFENSE

Researcher(s): (SURNAME, FIRST NAME MIDDLE INITIAL; SURNAME, FIRST NAME MIDDLE INITIAL)

Program/Strand: _____

Date of Defense: _____

Type of Defense: (Proposal/Final/Re-defense)

Title: _____

Panel Member's Name	Comments/Suggestions	Actions Taken (with Page Number)
Chairman		

Member 1		
Member 2		

Member 3		

Decision of the Panel:

Approved with Minor Revisions Approved with Major Revisions Disapproved (for Re-defense)

As the research adviser, I certify that the information recorded in this form reflects solely the comments and suggestions of the panelists, with no additional information included.

_____
Research Adviser

I/We, the panelist(s), certify that the comments and suggestions recorded by the research adviser are accurate and correct.

_____ Member

_____ Member

_____ Member

_____
Chairman

Notes:
1. On the manuscript, every revision made, based on the comment(s) and suggestion(s) of the panelists, shall be in a specific color.
2. The revisions made from the chairman's comment(s) and suggestion(s) shall be in red, blue for the panel member 1, green for the panel member 2, and orange for the panel member 3.