



NATIONAL GRADUATE OFFICE FOR THE HEALTH SCIENCES
 UNIVERSITY OF THE PHILIPPINES MANILA
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Date _____

 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 _____ candidate who presented his/her dissertation/thesis proposal entitled _____ on _____ at _____, College of _____, University of the Philippines Manila, and voted as follows:

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.