Republic of the Philippines

#### bsu-logoBenguet State University

La Trinidad, Benguet

#####

#####  institute of public administration

**APPLICATION FOR EXAMINATION/DEFENSE**

(Revised June 25, 2013)

**INSTRUCTIONS**: File this application at the GS Office at least ten (10) working days prior to the date of Examination/Defense.

I.D. No. \_ Date of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree: Master in Public Administration

|  |  |
| --- | --- |
| Total no. of Thesis/Dissertation units enrolled: (Including during this semester/term) \_\_\_\_\_\_\_\_\_ | Re-enrolled (if already enrolled the required number of units: 6 units, for Master’s; 12 units, for PhD). |
| Subjectscurrentlyenrolled: |  COURSE CODE TITLE    |

**Type of Examination/ Defense**: Qualifying Proposal Defense (Thesis/Dissertation)

 Comprehensive Final Defense (Thesis/Dissertation)

 Date & Time of Public Presentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Seminar Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** If for Proposal or Final defense, 1) indicate the title of thesis/dissertation and 2) furnish each Advisory Committee Member, the Adviser, and the Graduate School a copy of the proposal or final draft.

Title of thesis/dissertation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date and Time Slot of Examination\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Place of Examination: IPA Defense Room

**\***Time slots are for two hours: 8:00- 10:00, 10:00- 12:00, 1:00- 3:00, 3:00- 5:00.

Check the IPA Bulletin Board Schedule for Exam/ Defense for availability.

 Signature of Student

**RECOMMENDING APPROVAL:**

 Name of Member of Advisory Committee Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Printed Name & Signature of Adviser/Committee Chairperson

**FOR IPA OFFICE ONLY**

 **APPROVED:**

 **FELIPE S. COMILA, Ed.D.**

 Director, IPA