



PACIFIC INTERCONTINENTAL COLLEGE

PHILIPPINES

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Application Form for FINAL ORAL DEFENSE

PICTURE

Student Personal Information			
First Name		Student Number:	
Middle Name		Section:	
Last Name		Mobile Number:	
E-mail:		Nationality:	
Date of Birth:		Occupation:	
Address:			
Degree Program & Major:			
Date Filed:			
Student Signature:			
FINAL ORAL DEFENSE APPOINTMENT			
Schedule Date (DD/MM/YY)	/ /	Schedule Time:	

-----for PIC USE only-----

<u>Admission Requirements</u>	<ul style="list-style-type: none"> ➤ TOR from previous school ➤ Application Form for Admission 	Checked by:	_____
PAYMENT OF *TUITION FEE <i>(1st to 5th Term for Master's)</i> <i>(1st to 6th Term for Doctorate)</i> *COMPRE FEE: *DEFENSE FEE:		Checked by:	_____
<u>Grades of all subjects</u> <i>(A Comprehensive Exam Result should be Passed for taking Pre-Oral Defense)</i>	1 st Term 2 nd Term 3 rd Term 4 th Term (for MA) 5 th Term (for PhD) Compre: P/F	Checked by:	_____

Checked and evaluated by:

Approved by:

 Signature over printed name
 Thesis and Dissertation in Charge

 Signature over printed name
 Director