

COLLEGE OF SCIENCE

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COMPUTATIONAL SCIENCE RESEARCH CENTER (CSRC)



Proposal Defense Schedule Request Form

Student Information		
Name of Student		
Student Number		
•		
Schedule Information		
Title		
Date/Time		
Zoom Registration Link (if hybrid or online):		
Adviser(s)*	1.	
	2.	
Reader(s)*	1.	
	2.	
Examiners*	1.	
	2.	
* Specify the designation and institutional affiliat	ion of non-UP Diliman faculty panel m	embers.
This is to certify that the memb		nation panel have agreed to
Signature over printed name of Student		Date
Please email the filled-out form at least five (5) v	vorking days before the Candidacy Ex	am/Proposal Defense to

phd.datascience@science.upd.edu.ph

