



MEDICAL COLLEGES OF NORTHERN PHILIPPINES

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Control No.:

RESEARCH AND DEVELOPMENT CENTER APPLICATION FOR RESEARCH DEFENSE

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Type of Defense	() Proposal Defense	() Final Defense	
Course:	Year Level:		
Date of Request:	Date of Defense:		
Attendees			
Name	Designation		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Strictly NO CANCELLATION of the Schedule upon approval!			
TASK	NAME	DESIGNATION	SIGNATURE
Requested by:		Research Teacher	
Noted by:		Research Focal Person	
Endorsed by:		Dean/ Program Coordinator	
Recommended by:		Research Coordinator	
Approved by:		Research Director	

