

University of the Philippines Diliman
COLLEGE of EDUCATION
Office of the College Secretary



SETTLEMENT of CONDITIONAL OUTLINE APPROVAL*

Name of Student _____ First Enrolment in the Program _____

Degree Program _____ Major _____ Division _____

Proposed Research Title _____

Date of Outline Defense _____

FACULTY MEMBERS	INDIVIDUAL FACULTY DECISION (Please sign.)	
	APPROVED	DISAPPROVED

FINAL DECISION (Please check one.)

_____ **APPROVED**

_____ **DISAPPROVED**** due to _____

Submitted by: _____
Cluster Coordinator/Area Faculty-in-charge

Date of submission _____

**This form must be completely accomplished and submitted to the Office of the College Secretary not later than one working day after all the concerned faculty have taken appropriate action and signed signifying their final decision.*

*** The student must re-defend his/her proposal.*

cc: Area
Student