



Colegio de San Juan de Letran-Calamba

55:00-02-FO-16
Group No. _____

City of Calamba, Laguna, Philippines 4027 • www.lettran-calamba.edu.ph • +63(049)-5455453

Research Department

Student Research Topic/Title Changing Form after Final Oral Defense

Name of Student/s: _____

This is to request change of topic/revision of title:

From	To
_____	_____
_____	_____
_____	_____

Approved by:

_____	_____	_____	_____
Adviser (signature over printed name)	Panelist 1 (signature over printed name)	Panelist 2 (signature over printed name)	Panelist 3 (signature over printed name)

Research Moderator

Academic Head

RD Director



1st Floor, De Las Casas Building • ard@lettran-calamba.edu.ph • Trunkline: 049-545-5453 loc (3002/5021/2092)



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