

**Form No. 6**



AGO MEDICAL AND EDUCATIONAL CENTER  
**Graduate School - Master of Science in Public Health**  
Legazpi City

**Announcement on Oral Defense**

[ ] Title Defense [ ] Pre-oral Defense  
of

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for his research/thesis work entitled

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for the degree of

**Master of Science in Public Health**

The oral defense is scheduled on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Venue: \_\_\_\_\_

Your attendance is highly anticipated.

\_\_\_\_\_  
Name of the Member of the Panel

\_\_\_\_\_  
Name of the Member of the Panel

\_\_\_\_\_  
Name of the Member of the Panel

\_\_\_\_\_  
Adviser

\_\_\_\_\_  
Chairperson, Research Advisory Committee

Noted by:

\_\_\_\_\_  
Dean, Graduate School