

## Form No. 9

 	AGO MEDICAL AND EDUCATIONAL CENTER <b>Graduate School - Master of Science in Public Health</b> Legazpi City
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### Thesis Oral Defense Grade Summary Sheet

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Student Name: \_\_\_\_\_

Student No.: \_\_\_\_\_

Research/Thesis Work Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Oral Defense: \_\_\_\_\_

### Final Rating

please **Check** the appropriate Rate and Distinction conferred

Numerical Grade	Distinction	Panel Rating		Remarks
		Average Numerical Grade	Distinction Awarded by the Panel	
96–100	<b>Meritissimus</b> (Highest Merit or Achievement)			
94–95.96	<b>Bene Meritus</b> (Good Merit)			
91–93.9	<b>Meritus</b> (Merit)			
85–90.9	<b>Pass</b>			
75–84.9	<b>Needs improvement/ modifications for re- submission to the Panel</b>			

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Signature over Printed Name of the Chairperson, Thesis Panel