



# INSTITUTE OF MATHEMATICS

College of Science  
University of the Philippines Diliman



## Proposal Defense / Candidacy Exam Schedule Request Form

STUDENT INFORMATION	
Name of Student	
Student Number	
Degree Program	<input type="checkbox"/> MS (Mathematics) <input type="checkbox"/> MS (Applied Mathematics) <input type="checkbox"/> PhD (Mathematics)

SCHEDULE INFORMATION	
Requirement to be Scheduled	<input type="checkbox"/> Candidacy Exam <input type="checkbox"/> Proposal Defense
Title	
Date/Time	
Zoom Registration Link (if hybrid or online):	
Adviser(s)*	1.
	2.
Reader(s)*	1.
	2.
Examiners*	1.
	2.

\* Specify the designation and institutional affiliation of non-UP Diliman faculty panel members.

**This is to certify that the members of the doctoral/master's examination panel have agreed to the schedule and mode of the Candidacy Exam/Proposal Defense.**

\_\_\_\_\_  
Signature over Printed Name of Student

\_\_\_\_\_  
Date

Please email the filled-out form **at least five (5) working days** before the Candidacy Exam/Proposal Defense to [oliverr@math.upd.edu.ph](mailto:oliverr@math.upd.edu.ph).