



OFFICE OF THE GRADUATE SCHOOL

REQUEST FOR THE APPROVAL OF THESIS TITLE

Date

Director, Graduate School
Southern Leyte State University

Madame:

I would like to request from your good office the approval of the following in line with the completion on my thesis as the final requirement of the degree Master of Arts in Teaching/ Master of Technology Education/ Master in Science and Information Technology:

Proposed Thesis Title:

1. _____

2. _____

3. _____

I would greatly appreciate whatever possible response you can do to my request.

Thank you very much.

Very truly yours,

Masters Student

Approved:

Director, Graduate School