



UNIVERSITY OF THE PHILIPPINES MANILA

National Graduate Office for the Health Sciences

3/F Joaquin Gonzales Building, Padre Faura cor. Maria Orosa St., Ermita, Manila 1000 Philippines

Tel: (632) 88141248 • Email: upm-ngohs@up.edu.ph • Website: ngohs.upm.edu.ph



Name _____
Student Number _____
College _____
GWA _____

Date of application for Compre _____
Year admitted to the program _____
Degree _____
Field of Specialization _____

APPLICATION FOR COMPREHENSIVE EXAMINATION

After having satisfactorily completed all requirements of the prescribed academic courses in the curriculum, the above graduate student requests for approval of application to take the Comprehensive Examination to be given on _____ at _____ (date and time)
(venue)

Attached is the True Copy of Grades duly signed.

Recommended by:

Endorsed by:

Program Adviser

Graduate Programs Coordinator

College Secretary

Approved by:

Leslie Michelle M. Dalmacio, PhD
Director, NGOHS

NGOHS COPY

To be submitted at least one-month prior to the date of examination

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Revision: 0

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