



UNIVERSITY OF THE PHILIPPINES MANILA

National Graduate Office for the Health Sciences

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REQUEST FOR VALIDATION OF COURSES*
(Advanced/Transfer Credits)

Name of Student: _____

Degree Program: _____

Student No.: _____

Major: _____

Year of Admission (UPM): _____

Minor: _____

Table with 5 columns: Course(s), Where Taken (Institution/College), AY and Sem, Unit, Grade. Multiple rows for data entry.

Reason/s for Request: _____

* A graduate student may apply for no more than nine (9) units of advanced or transfer credits for course work done in another institution if:

- a. the subject was taken within the immediate five (5) years
b. the subject is equivalent to that required by the degree program, as attested to be the department/University Registrar of UP Manila (attach supporting documents if necessary)
c. the said courses for credit have been part of the transcript of records initially submitted during the application period

Signature of Student

Recommended Action: () APPROVAL () DISAPPROVAL

Program Adviser

Program Committee Chair

Decision: () APPROVED () DISAPPROVED

Dean, College of _____

Date _____

Please fill up in triplicate.

cf: DGU-OCS
UPM-OUR
NGOHS