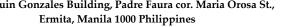


## UNIVERSITY OF THE PHILIPPINES MANILA

## National Graduate Office for the Health Sciences 3/F Joaquin Gonzales Building, Padre Faura cor. Maria Orosa St.,





Tel: (632) 8526 5870 ◆ Telefax: (632) 8523 1498 ◆ Email: ngohs@post.upm.edu.ph
Website: ngohs.upm.edu.ph

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

Name of Student:	Degree Program:			
Student No.:		Major:		
Year of Admission (UPM):		Minor:		
Course(s):	Where Taken (Institution/College)	AY and Sem	Unit	Grade
Reason/s for Request:				<del></del>
* A graduate student my apply fo another institution if: a. the subject was taken within the b. the subject is equivalent to that Manila (attach supporting docu c. the said courses for credit have	e immediate five (5) years required by the degree program, ments if necessary)	as attested to be the de	epartment/Ui	niversity Registrar of UF
			Signatur	e of Student
Recommended Action: ()	APPROVAL () DISA	APPROVAL		
Program Adviser		Program Committee Chair		
Decision: () APPROVED	() DISAPPROVED			
Dean, College of				

Please fill up in triplicate. cf: DGU-OCS UPM-OUR NGOHS