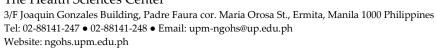


National Graduate Office for the Health Sciences UNIVERSITY OF THE PHILIPPINES MANILA

The Health Sciences Center





| Name | | |
|--|--|----------------------------------|
| Student Number Year admitted to the program College Degree | | |
| CollegeGWA | Field of Specialization | |
| | COMPREHENSIVE EXAMINATION | |
| | | |
| After having satisfactorily completed all requirements of student requests for approval of application to take the Co | | |
| at | | (date and time) |
| (venue) | | |
| Attached is the True Copy of Grades duly signed. | | |
| Recommended by: Endorsed | l by: | |
| | | |
| Program Adviser Gra | raduate Programs Coordinator | College Secretary |
| Approved by: | | |
| Tippioved by. | | |
| Carl Abelardo T. Antonio, MD, MPH | | |
| Director, NGOHS | | NGOHS COPY |
| To be submitted at least one-month prior to the date of examinat | tion | |
| UPM-NGS-WI- | | Page: 1 of 1 |
| Revision: 0 | | |
| National Graduate Office for UNIVERSITY OF THE PH The Health Sciences Center 3/F Joaquin Gonzales Building, Padre Tel: 02-88141-247 • 02-88141-248 • En Website: ngohs.upm.edu.ph | IILIPPINES MANILA Faura cor. Maria Orosa St., Ermita, Manila 1000 | O Philippines |
| Name | Date of application for Compre | |
| Student Number | Year admitted to the program _ | |
| CollegeGWA | | |
| | COMPREHENSIVE EXAMINATION | |
| After having satisfactorily completed all requirements of student requests for approval of application to take the Coat (venue) Attached is the True Copy of Grades duly signed. | of the prescribed academic courses in the omprehensive Examination to be given o | e curriculum, the above graduate |
| Recommended by: Endorsed | | |
| Program Adviser Gra | aduate Programs Coordinator | College Secretary |
| Approved by: | | |
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| Director, NGOHS | | COLLEGE COPY |

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Revision: 0

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