



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

The Health Sciences Center

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

Tel: 02-88141-247 • 02-88141-248 • 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:

Carl Abelardo T. Antonio, MD, MPH

Director, NGOHS

NGOHS COPY

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

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