

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

The Health Sciences Center

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. Maria Orosa St., Ermita, Manila1000 Philippines

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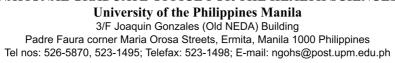
REQ	UEST FOR EXTENSION	I OF MAXIMUM RE	SIDENCY
MRR Extension Ap	oplication for □ 1st Sem	□ 2nd Sem [☐ Short Term (Summer)
STUDENT NUMBER:	NAME OF STUDENT:		LANDLINE NO.:
COLLEGE:	PROGRAM:	YEAR ADMITTED:	MOBILE NO.: E-MAIL ADDRESS:
Letter of request addresse a. Reason/s for e b. Progress of str c. Plan of work f d. Explanatory e e. MRR Monitor True copy of grades duly Copy of the previous app	ndy for requested extension, expected outpendorsement of the thesis/dissertation a sing checklist signed by the College Secretary. roved MRR request	annels citing the following: ut and date of completion of each dviser	planned activity pdated unless otherwise indicated in the
Endorsed by Program Adviser Signature over	printed name	Endorsed by Program Committee Chair	Signature over printed name
Date:		Date:	
Noted by: College Secretary Signature over	r printed name	Endorsed by Dean Signat	ture over printed name
Date: Action of the National Graduate Off	is a fact the Health Calendary	Date: Conditions for extension:	
		□ Must have passed enrichment c □ Must have presented the thesis/ ■ Must have defended the thesis/ Action: WARNING □ Masters/MS/MA student on his/ □ PhD/DrPH student on his/her 8t FINAL WARNING □ Masters/MS/MA student on his/ □ PhD/DrPH student on his/her 11 LAST & FINAL APPROVAL □ Masters/MS/MA student on his/her 12 □ EXTENSION & ENROLLM	dissertation proposal dissertation her 6th - 8th year h - 10th year ther 9th year lth year ther 10th year
CARL ABELARDO T. ANTONIO, M. Director, NGOHS	1D, МРН	Approval Recommended by: Vice Chancellor for Academi BERNADETTE HEIZEL M. F. Date:	
Endorsed by University Registrar JEAN FLOR C. CASAUAY, RPh, Management of the control of the co	3	Approved by The Chancellor MICHAEL L. TEE, MD, MHI Date:	PEd, MBA
Conforme:Student's Signature over printed name		received by/copy for: DGU-OCS OUR REQUESTING P.A.	ARTY

UPM-NGS-0P-02F2 Page: 1 of 1



Evaluated by:

NATIONAL GRADUATE OFFICE FOR THE HEALTH SCIENCES





Name	Studentino		
College	_		
Semester and Academic year of first enrolment in the program			
Number of years in the program			
Date of last MRR request			
Number of leave of absence applied			
Absence without leave history			
,			
Criteria	Yes	No	Remarks
First time to apply for MRR extension			
Enrolled the previous semester			
Course work completed			
Passed Comprehensive examination			
Starus of Thesis			
Thesis topic approved			
Proposal presented & approved			
Ongoing data gathering			
Thesis writing			
Thesis defended and approved			
Revision of manuscript			
Total number of enrichment course passed			
Evaluated by:	Date:		
OF THE NATIONAL CRAPMATE OFFI	CE EOD T		UPM-NGOHS Form # 15 MRR Monitoring Checklist
NATIONAL GRADUATE OFFI University of th 3/F Joaquin Gonza Padre Faura corner Maria Orosa S Tel nos: 526-5870, 523-1495; Telefax:	e Philippino ales (Old NED Streets, Ermita 523-1498; E-I	e s Manil A) Building a, Manila 1 mail: ngoh	ALTH SCIENCES a g 1000 Philippines s@post.upm.edu.ph
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Date: