



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



**REQUEST FOR EXTENSION OF MAXIMUM RESIDENCY**

MRR Extension Application for  1st Sem  2nd Sem  Short Term (Summer)

STUDENT NUMBER:	NAME OF STUDENT:	LANDLINE NO.:
COLLEGE:	PROGRAM:	MOBILE NO.:
	YEAR ADMITTED:	E-MAIL ADDRESS:

**Please attach the following documents to the MRR Extension Application:**

1. Letter of request addressed to the Chancellor through proper channels citing the following:
  - a. Reason/s for extension
  - b. Progress of study
  - c. Plan of work for requested extension, expected output and date of completion of each planned activity
  - d. Explanatory endorsement of the thesis/dissertation adviser
  - e. MRR Monitoring checklist
2. True copy of grades duly signed by the College Secretary.
3. Copy of the previous approved MRR request

**Note: The Office of the College Secretary shall ensure the completeness of requirements and records are updated unless otherwise indicated in the MRR Monitoring checklist.**

Endorsed by <b>Program Adviser</b> _____ Signature over printed name  Date: _____	Endorsed by <b>Program Committee Chair</b> _____ Signature over printed name  Date: _____
Noted by: <b>College Secretary</b> _____ Signature over printed name  Date: _____	Endorsed by <b>Dean</b> _____ Signature over printed name  Date: _____
<b>Action of the National Graduate Office for the Health Sciences:</b>          _____ <b>CARL ABELARDO T. ANTONIO, MD, MPH</b> Director, NGOHS  Date: _____	<b>Conditions for extension:</b> <input type="checkbox"/> Must have passed enrichment course/comprehensive examination <input type="checkbox"/> Must have presented the thesis/ dissertation proposal <input type="checkbox"/> Must have defended the thesis/dissertation  <b>Action:</b> WARNING <input type="checkbox"/> Masters/MS/MA student on his/her 6th - 8th year <input type="checkbox"/> PhD/DrPH student on his/her 8th -10th year  FINAL WARNING <input type="checkbox"/> Masters/MS/MA student on his/her 9th year <input type="checkbox"/> PhD/DrPH student on his/her 11th year  LAST & FINAL APPROVAL <input type="checkbox"/> Masters/MS/MA student on his/her 10th year <input type="checkbox"/> PhD/DrPH student on his/her 12th year  <input type="checkbox"/> EXTENSION & ENROLLMENT DENIED  Approval Recommended by: <b>Vice Chancellor for Academic Affairs</b>  _____ <b>BERNADETTE HEIZEL M. REYES, MD, MHPEd</b> Date: _____
Endorsed by <b>University Registrar</b>  _____ <b>JEAN FLOR C. CASAUAY, RPh, MS</b> Date: _____	Approved by <b>The Chancellor</b>  _____ <b>MICHAEL L. TEE, MD, MHPEd, MBA</b> Date: _____
Conforme: _____ Student's Signature over printed name  Date: _____	received by/copy for: _____ DGU-OCS _____ OUR _____ REQUESTING PARTY



**NATIONAL GRADUATE OFFICE FOR THE HEALTH SCIENCES**

**University of the Philippines Manila**

3/F Joaquin Gonzales (Old NEDA) Building  
Padre Faura corner Maria Orosa Streets, Ermita, Manila 1000 Philippines  
Tel nos: 526-5870, 523-1495; Telefax: 523-1498; E-mail: ngohs@post.upm.edu.ph



Name \_\_\_\_\_ Student No. \_\_\_\_\_  
 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			
Status 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: \_\_\_\_\_



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