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** ☐ **Midyear Term**

STUDENT NUMBER: _____	**NAME OF STUDENT:** _____	**MOBILE NO.:** _____ **E-MAIL ADDRESS:** _____
College: _____	**Program (indicate Specialization if applicable):** _____	**Term of Initial Enrollment: (start of Graduate Subject/s Enrolled):** _____

Please fill-up the following:

1. **Please write below citing the following (Part A to C to be completed by the student):**
   a. **Reason/s for extension:**

b. *** Progress of study**

*For those with previous approved MRR extension indicate compliance with the condition stated in the approved document

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c. Plan of work for requested extension, expected output and date of completion of each planned activity

d. Explanatory endorsement by the thesis/dissertation adviser

Please attach and check the box of the following documents:

- ☐ **True copy of grades duly signed by the College Secretary.**
- ☐ **Copy of the previous approved MRR request**
- ☐ **MRR Checklist**

Note: <u>The student's adviser shall ensure</u> the completeness of requirements and records are updated unless otherwise indicated in the MRR Monitoring checklist.

Endorsed by:

Program Adviser :	**Department Chair** (if applicable)	**Program Adviser:**
_____	_____	_____
Signature over printed name	Signature over printed name	Signature over printed name
Date : _____	Date: _____	Date: _____

Noted by: **College Secretary**	Noted by **College Dean**
_____ Signature over printed name	_____ Signature over printed name
Date:_____	Date:_____

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Recommended Action of the National Graduate Office for the Health Sciences:

Endorsed by:

_____

CARL ABELARDO T. ANTONIO, MD, PhD
Director, NGOHS

Date: _____

Endorsed by:
University Registrar

_____
JEAN FLOR C. CASAUAY, RPh, MS

Date:_____

Conditions for extension:

☐ Must have passed enrichment course/comprehensive examination
☐ Must have presented the thesis/ dissertation proposal
☐ Must have defended the thesis/dissertation

Action :

WARNING

☐ Masters/MS/MA student on his/her 6th - 8th year
☐ PhD/DrPH student on his/her 8th -10th year

FINAL WARNING

☐ Masters/MS/MA student on his/her 9th year
☐ PhD/DrPH student on his/her 11th year

LAST & FINAL APPROVAL

☐ Masters/MS/MA student on his/her 10th year
☐ PhD/DrPH student on his/her 12th year

☐ **EXTENSION & ENROLLMENT DENIED**

Approved by :

_____

BERNADETTE HEIZEL M. REYES, MD, MHPEd
Vice Chancellor for Academic Affairs

Date:

Conforme:

_____
Student's Signature over printed name

Date: _____

received by/copy for:

_____ DGU-OCS
_____ OUR
_____ REQUESTING PARTY