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
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Website: ngohs.upm.edu.ph

REQUEST FOR VALIDATION OF COURSES*

(Advanced/Transfer Credits)

Name of Student: _____ Degree Program: _____

Student No.: _____ Major: _____

Year of Admission (UPM): _____ Minor: _____

Course(s):	Where Taken (Institution/College)	AY and Sem	Unit	Grade

Reason/s for Request: _____

* A graduate student my apply for no more than nine (9) units of advanced or transfer credits for course work done in another institution if:

a. the subject was taken within the immediate five (5) years

b. the subject is equivalent to that required by the degree program, as attested to be the department/University Registrar of UP Manila (attach supporting documents if necessary)

c. the said courses for credit have been part of the transcript of records initially submitted during the application period

_____
Signature of Student

Recommended Action: ( ) APPROVAL ( ) DISAPPROVAL:

_____ _____
Program Adviser Program Committee Chair

Decision: ( ) APPROVED ( ) DISAPPROVED

_____
Dean, *College of* _____
Date _____

Please fill up in triplicate. cf:
DGU-OCS
UPM-OUR
NGOHS