

University of the Philippines Diliman
COLLEGE OF EDUCATION
Office of the College Secretary



Request for Evaluation of Records

Name: _____

Year Level: _____

Degree: ___ BEd ___ BSEd Major: _____ Minor (for BSEd ONLY): _____

___ MAEd ___ PhD Major: _____

Purpose:

___ Graduation (Penultimate year) Others: _____

___ Comprehensive Exams

CONFORME:

I will only take the courses included in my prescribed curriculum. "In consideration of my admission to the University of the Philippines and of the privileges of a student in this institution, I hereby promise and pledge to abide by and comply with all the rules and regulations laid down by competent authority in the University and in the college in which I am enrolled. Refusal to take this pledge or violation of its terms shall be sufficient cause for summary dismissal or denial of admission." (Academic Information, University of the Philippines Diliman, General Catalogue 2004-2010).

Signature over printed name

Date:

Advised by:

Noted by:

Name & Signature of Program Adviser

Name & Signature of Division Chair

Received / Grades Checked and Verified:

Student Records Section Staff / Authorized Person

Date:

Note: Submit this request form with the accomplished curriculum checklist/POS (signed by Program Adviser).