Form 1 (Accomplish in duplicate.)
Doctoral Comprehensive Examinations

University of the Philippines Diliman
COLLEGE of EDUCATION
Office of the Division Chairs

APPLICATION FOR DOCTORAL COMPREHENSIVE EXAMINATIONS

(*PRINT* all required information clearly.)

Name _____ Degree Program/Major: _____

First Enrollment in the Program _____ Sem AY _____ Intended date of compre exam _____

Present Mailing Address _____

Permanent Address _____

Landline number _____ Cellphone Number_____ Email Address: _____

MARK with an asterisk (*) the subject/s which you took as a substitute/s for any course/s required in your program.

	Course number & Title of subjects taken	Sem/Summer/ MY term taken	AY	Units	Grade
Indicate the name of Professor	**Major courses**				
	Research courses				
	Foundation courses				
	Cognates				

Course number & Title of subjects taken	Sem/Summer/MY term taken	AY	Units	Grade
Electives				

Prereq course/s taken	Subject/s requiring the prereq	With approved certificate of equivalence (Yes / No)	If taken in UP, sem/summer/MY term taken	AY	Units	Grade

I prefer to take the exam via (Please check one per day.):

Day	Computer mode	Paper & pen mode
1		
2		
3		

_____
Signature of Applicant

_____
Date

This is to certify that the student applicant has taken all the courses required in his/her degree program and his/her scholastic standing meets the requirements of the College and the University. He/She is recommended to take the comprehensive examinations on _____.

_____   _____
Program Adviser   Division Chair

_____   _____
Date   Date

The applicant's academic records have been thoroughly and carefully evaluated.

/ / S/he is qualified to take the Doctoral Comprehensive Examinations on _____.

/ / S/he is not yet qualified to take the test because _____

_____.

Noted:

_____   _____
OSec Records Evaluator   College Secretary

_____   _____
Date   Date