



OFFICE OF THE GRADUATE SCHOOL

APPLICATION FOR COMPREHENSIVE EXAMINATION

Please fill-out this form in PRINT

A. To be filled-out by the GRADUATE STUDENT APPLICANT

I, \_\_\_\_\_,  
LAST NAME FIRST NAME MIDDLE NAME  
a graduate student of this University taking (PROGRAM) \_\_\_\_\_,  
MAJOR in \_\_\_\_\_ would like to apply for COMPREHENSIVE EXAMINATION.  
Contact Address: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
STUDENT'S SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE

B. To be filled-out by the REGISTRAR

This is to attest to the fact that on the basis of our records on file,  
MR./MS. \_\_\_\_\_,  
a bonafide graduate student of this University taking (PROGRAM) \_\_\_\_\_,  
MAJOR in \_\_\_\_\_, has satisfactorily completed all the  
academic courses prescribed by the program curriculum and has submitted all the necessary documents  
such as:  
\_\_\_\_\_ Transcript of Records (original copy for those non-SPUP graduates; photocopy for the SPUP  
graduates)  
\_\_\_\_\_ NSO Authenticated Birth Certificate

This is to attest further that he/she is now qualified to take the Comprehensive Examination in the above-  
mentioned program.

\_\_\_\_\_  
REGISTRAR'S SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE

C. To be filled-out by the BUSINESS AFFAIRS OFFICE (BAO)

This is to certify that on the basis of our records on file, MR./MS. \_\_\_\_\_ has  
been cleared of all financial obligations which include tuition and other fees related to the program he/she  
is enrolled in.

\_\_\_\_\_  
VP-FINANCE SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE

D. To be filled-out by the GRADUATE SCHOOL DEAN

On the basis of our records on file and the certification given by the above offices, the application of  
MR./MS. \_\_\_\_\_ for  
COMPREHENSIVE EXAMINATION for the PROGRAM \_\_\_\_\_ MAJOR in  
\_\_\_\_\_ scheduled on \_\_\_\_\_ is hereby:

\_\_\_\_\_ APPROVED  
\_\_\_\_\_ PARTIALLY APPROVED; Condition/s: \_\_\_\_\_  
\_\_\_\_\_ DISAPPROVED; Reason/s: \_\_\_\_\_

\_\_\_\_\_  
DEAN'S SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE

Note: Please write the official receipt number and amount paid in the attached GSO – 002A/OO2B.