



**St. Paul University Philippines**  
Tuguegarao City, Cagayan 3500

**OFFICE OF THE GRADUATE SCHOOL**

**COMPREHENSIVE EXAMINATION FORM  
FOR COURSES TO BE TAKEN**

**FOR DOCTORAL DEGREE CANDIDATE**

NAME: \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_

COURSE: \_\_\_\_\_

STUDENT NO. \_\_\_\_\_

MAJOR: \_\_\_\_\_

DATE OF EXAMS: \_\_\_\_\_

CONTACT NO. \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

EXAMINEE NO.: \_\_\_\_\_

	<b>Subject Code</b>	<b>SUBJECT TITLE</b>	<b>PROFESSOR</b>
3 Core Subjects			
6 Major Subjects  Please write here all your major Subjects			
1 Cognate			