

GSO- 2A



St. Paul University Philippines  
Tuguegarao City, Cagayan 3500u

OFFICE OF THE GRADUATE SCHOOL

COMPREHENSIVE EXAMINATION FORM  
FOR COURSES TO BE TAKEN

FOR MASTERS 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>
2 Core Subjects			
4 Major Subjects			
1 Cognate			