**APPLICATION FOR COMPREHENSIVE EXAMINATION**

[ ] Masters [ ] Doctoral

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of CE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ O.R. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Amount of O.R.: \_\_\_\_\_\_\_\_\_\_\_

SUBJECTS TAKEN

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| --- | --- | --- |
| **Title and Description** | **Grade** | **Units** |
| 1. Basic/Foundation Courses
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|  |  |  |
| **TOTAL:** |  |

|  |  |  |
| --- | --- | --- |
| **Title and Description** | **Grade** | **Units** |
| 1. Major Courses
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|  |  |  |
| **TOTAL:** |  |

|  |  |  |
| --- | --- | --- |
| **Title and Description** | **Grade** | **Units** |
| 1. Electives/Cognates
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| **TOTAL:** |  |

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 **Signature of Applicant**

Endorsement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In-Charge of GS Records**

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**College Chairperson for Graduate Studies College Dean**