



OFFICE OF THE GRADUATE SCHOOL

APPLICATION FOR WRITTEN COMPREHENSIVE EXAMINATION

Date

Director, Graduate School
Southern Leyte State University
Sogod, Southern Leyte

Dear **Dr.** _____,

As per requirement of the Graduate School, may I have the honor to seek permission and approval to take the Written Comprehensive Examination schedule on _____.

Enclosed is the verification of the complied requirements.

Very truly yours,

Applicant