



**OFFICE OF THE GRADUATE SCHOOL**

**CERTIFICATION TO TAKE COMPREHENSIVE EXAMINATION**

This is to certify that Mr./ Ms. \_\_\_\_\_, a  
\_\_\_\_\_ student in this institution has  
met the academic requirements to enable him/her to take the Written Comprehensive  
Examination scheduled on \_\_\_\_\_.

Done this \_\_\_\_\_ day of \_\_\_\_\_ at the Office of the Graduate  
School, SLSU, Sogod, Southern Leyte.

Approved:

\_\_\_\_\_  
Director, Graduate School  
Southern Leyte State University