



OFFICE OF THE GRADUATE SCHOOL

CHECKLIST FOR WRITTEN COMPREHENSIVE EXAMINATION

NAME: _____ DEGREE: _____
ADDRESS: _____ CONTACT NO.: _____

- _____ Application for Written Comprehensive Examination
- _____ Student's Clearance Certificate
- _____ Two (2) clear copies of duly evaluated and signed Course Evaluation Form
- _____ Photocopy of official Receipt (OR) of full payment of tuition fee
- _____ Photocopy of Identification card
- _____ One (1) brown envelope long
- _____ One (1) folder long with fastener

Proposed Date of Examination: _____

Subjects to be taken and Professors:

MAJOR SUBJECTS (5)	PROFESSORS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

FOUNDATION SUBJECTS (3)	PROFESSORS
1. _____	_____
2. _____	_____
3. _____	_____