



**APPLICATION FOR COMPREHENSIVE EXAMINATION**

Master of Community Development/ Social Work/ Women and Development

Name of Student: \_\_\_\_\_ Student No: \_\_\_\_\_  
 Degree: \_\_\_\_\_ Semester: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

**COURSES TAKEN**

COURSE NO:	COURSE TITLE	NO. OF UNITS	SEM/YEAR TAKEN	GRADE	PROFESSOR/ INSTRUCTOR
<b>CORE COURSES</b>					
<b>ELECTIVES/SEMINARS</b>					
<b>COGNATES</b>					
<b>RESEARCH</b>					
<b>FIELDWORK</b>					

Action Taken: \_\_\_\_\_ approved  
 \_\_\_\_\_ disapproved  
 \_\_\_\_\_ conditional  
 Date Received: \_\_\_\_\_

Courses taken verified correct:  
 \_\_\_\_\_  
 AMY H. ILAGAN  
 Student Records Evaluator  
 No. of Units Completed: \_\_\_\_\_  
 Weighted Ave.: \_\_\_\_\_