



**Doctor of Social Development Program
APPLICATION FOR COMPREHENSIVE EXAM**

_____ Date

The Director
DSD Program

Dear _____,

I would like to take the DSD Comprehensive Exam scheduled on _____.

For the Semestral Term (*please encircle*) 1st / 2nd / MY; Academic Year: _____ - _____.

I have completed all course requirement of the Doctor in Social Development Program as of _____ with a GWA of _____.

List of SD Core Courses	List of Electives	List of Cognates

Truly yours,

(Printed Name and Signature)

Certified Correct:

Student Records Officer

Action of the DSD Committee:

_____ Approve

_____ Disapproved

DSD Program Director