



Doctor of Social Development Program APPLICATION FOR QUALIFYING EXAM

_____ Date

The Director
DSD Program

Dear _____,

I would like to take the DSD Qualifying Exam scheduled on _____.
For the Semestral Term (*please encircle*) 1st / 2nd / MYT; Academic Year: _____ - _____.

I have completed 12 units of the DSD core courses as of _____ with a GWA of _____.

DSD Courses	Date Taken	Grade
SD 301		
SD 302		
SD 303		
SD 304		

Truly yours,

(Printed Name and Signature)

Certified Correct:

Student Records Officer

Action of the DSD Committee:

____ Approved ____ Disapproved

Remarks: _____

DSD Program Director