



College of Social Work and Community Development
University of the Philippines Diliman,
Quezon City

Form No. **CSWCD SF-01**
SS 2023-2024 PENM

APPLICATION FOR COMPREHENSIVE EXAMINATION
Master of Community Development/ Social Work/ Women and
Development

Name of Student: _____ Student No: _____
Degree: _____ Semester: _____
Semester of Admission: _____ MRR Status: _____
Home Address: _____ Phone No: _____
Office Address: _____ Phone No: _____

COURSE NO:	COURSE TITLE	NO. OF UNITS	SEM/YEAR TAKEN	GRADE	PROFESSOR/ INSTRUCTOR
CORE COURSES					
ELECTIVES/SEMINARS					
COGNATES					
RESEARCH					
FIELDWORK					
ADDITIONAL COURSES TAKEN (MRR)					

COURSES TAKEN

Courses taken verified correct:

AMY H. ILAGAN
Student Records Evaluator

Action Taken: _____ approved
_____ disapproved
_____ conditional

No. of Units Completed: _____
Weighted Ave.: _____

Date Received: _____

Noted by: _____
Department Chairperson



APPLICATION FOR GRADUATION

_____ Date

Student No.: _____

Name: _____
(Family Name) (Given Name) (Middle Name)

Birthday: _____ Email Address: _____ Contact No.: _____

Home Address: _____

City Address: _____

Degree Obtained/Attained:

_____ (Undergraduate Degree) _____ (College/University Graduated) _____ (Yr. Graduated)

Degree Applied for: _____ Expected Date of Graduation: _____

1. I expected to finish the degree by the end of **(please indicate properly by checking)**

__1st Semester AY: ____-____; __2nd Semester AY: ____-____; __Midyear AY: ____-____

2. _____ I am a candidate with honors; _____ I am not a candidate with honors.

3. Title of Thesis/Dissertation:

SCHEDULE OF COURSES TAKEN THIS SEMESTER

1.	
2.	
3.	
4.	
5.	

(Signature over Printed Name)

OFFICE OF THE UNIVERSITY REGISTRAR
UNIVERSITY OF THE PHILIPPINES DILIMAN

DATA PRIVACY CONSENT FORM

In the event my graduation is approved by the University's Board of Regents upon the recommendation of the proper University bodies, I am allowing the University of the Philippines Diliman to publish my name and the latest degree that I earned including any honors received, (as well as any previous degrees earned), in the program to be distributed during the commencement exercises. I understand that the University is seeking my consent as the graduation program may be accessed by members of the public.

I further confirm that the University, through the UP System Office of Alumni Relations (OAR) and other appropriate offices are authorized to provide my name, degree(s) and honor(s) earned, contact information as well as such other personal information that will enable my identity to be verified, to the University of the Philippines Alumni Association and its chapters so as to enable the University to comply with R.A. 9500.

Signature Over Printed Name of Student

Date Signed: _____

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