



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

Form No.  
**CSWCD SE-01**  
SS 2023-2024 FENM

**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: \_\_\_\_\_

**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>					
<b>ADDITIONAL COURSES TAKEN (MRR)</b>					

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



University of the Philippines  
College of Social Work and Community Development  
APPLICATION FOR GRADUATION

To the student applicant: Fill out ALL the applicable details in this form. Indicate NA if not applicable.

<b>Student Number</b>	<b>Degree Program &amp; Major</b>	<b>Expected Graduation</b> <input type="checkbox"/> 1S <input type="checkbox"/> 2S <input type="checkbox"/> MY <input type="checkbox"/> 1T <input type="checkbox"/> 2T <input type="checkbox"/> 3T AY: _____		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>		
<b>Permanent Home Address</b>	<b>Contact Number</b>	<b>Email Address</b>		
<b>Did you apply for a change of name while studying in UP?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please state previous name: _____				
<b>Educational Background</b>	<b>School Attended</b>	<b>Degree/Program</b>	<b>Graduation Year</b>	<b>Honors Received</b>
Bachelors/Undergraduate				
Post Baccalaureate/Diploma				
Masters				
Doctorate				
<b>DATA PRIVACY CONSENT FORM</b>				
<p>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 <u>Diliman</u> to publish my name and the latest degree that I earned including any honors received, (as well as any previous degrees earned) in the souvenir program to be distributed during the commencement exercises. I understand that the University is seeking my consent as the commencement program may be accessed by the public.</p> <p>Furthermore, I am allowing the University to publish the same in the virtual program to be produced and live streamed. I understand that the University is seeking my consent as the graduation program is to be captured visually via photo and video and is accessible and viewable by the general public through online media platforms.</p> <p>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.</p>				
		_____		
		Signature of Student		
<b>Endorsed:</b>	<b>Attested:</b>			
_____		_____		
Name and Signature of Adviser		Name and Signature of College Secretary		
(To be filled out by the Office of the College Secretary)				
<b>Graduation fee:</b>				
Amount paid:	Official Receipt Number:	Date of Payment:		
Received by:		Date received:		