Republic of the Philippines

BSU-GS FORM 09

####  Benguet State University

La Trinidad, Benguet

2601, Philippines

#####

#####  Graduate school

**APPLICATION FOR QUALIFYING/COMPREHENSIVE EXAMINATION**

**INSTRUCTIONS**: File this application at the GS Office at **LEAST TEN (10) WORKING DAYS** prior to the date of Examination/Defense.

I.D. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Family Name Given Name Middle Initial***

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Total no. of Thesis/Dissertation units enrolled: (Including during this semester/term) \_\_\_\_\_\_\_\_\_ | Re-enrolled (if already enrolled the required number of units: 6 units, for Master’s; 12 units, for PhD). |
| Subjectscurrentlyenrolled: |  COURSE CODE TITLE    |

**Type of Examination/ Defense**: Qualifying Examination

 Comprehensive Examination

**NOTE:** For Comprehensive Examination, must have completed 100% of all the academic requirements (including the Graduate Seminar) of the degree program.

 Date and Time Slot of Examination\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Place of Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\***Time slots are for two hours: 8:00-10:00am, 10:00am-12:00pm, 1:00-3:00pm

 3:00-5:00pm, 5:00-7:00pm

Check the GS Bulletin Board Schedule for the Examination availability.

 Name and Signature of Student

**RECOMMENDING APPROVAL:**

 Name of Member of Advisory Committee Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name & Signature of Adviser/Committee Chairperson

NOTED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Dean/Institute Director

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR GS OFFICE ONLY**

 **APPROVED:**

 **ROMEO A. GOMEZ, JR.**

 GS Dean

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_