VISAYAS STATE UNIVERSITY | GRADUATE EDUCATION

APPLICATION FOR COMPREHENSIVE EXAMINATION

Name: _____

Degree Sought: _____Minor: _____

Indicate whether [ ] First [ ] Second Examination.

Date of Examination:_____ Time: _____

Place of Examination: _____

Written Examination:_____ Time: _____
Oral Examination: _____Time _____

Recommending Approval:

Members of the Graduate Advisory Committee (GAC)

_____	_____	_____
Member	Member	Member
Date: _____	Date: _____	Date: _____

_____
Chairman, GAC
Date: _____

Verified:

_____
Student Records in Charge
Date Signed: _____

Approved:

_____
Director, Graduate Education
Date Signed: _____

* This application should be filed at GS at least two (2) weeks before date of examination.

* Attachments to this application form:

- Comprehensive Examination - Approved Plan of Course Work with Grades, Certificate of grades from university Registrar, Application fee receipt, Certification from DOST (Scholars)

Distribution of copies: *Graduate Education, GAC Committee, Graduate Student*

*** Indicate N/A or NONE for fields not applicable**

GRADUATE EDUCATION
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