Republic of the Philippines
UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato

OFFICE OF THE DEAN OF THE GRADUATE SCHOOL

APPLICATION FOR COMPREHENSIVE EXAMINATION

Name:_____ **Date:** _____
Degree Sought: ( )Ed.D/ Ph.D. **Major Field:**_____ **Minor Field:** _____
( )MS/MA **Contact Number/s:** _____
O.R. No. _____ **Date Paid:** _____ **Amount:** _____
School year: _____ **Semester** (1st/2nd/Summer)**:** _____

NOTE: The number of subjects varies across programs (please consult your program head).

Subject Code	Description	Professor

RECOMMENDING APPROVAL: APPROVED:

_____ _____ **PHILIP LESTER P. BENJAMIN, PhD** _____
Program Head Date Dean Date

REPORT OF RESULT OF COMPOREHENSIVE EXAMINATION

Name: _____ Student Code (to be filled by GS):_____
Degree Sought: ( )Ed.D/ Ph.D. Major Field:_____
( )MS/MA Minor Field: _____
School year: _____ Semester (1st/2nd/Summer): _____

Subject Code	Description	Professor

RECOMMENDING APPROVAL: APPROVED:

_____ _____ **PHILIP LESTER P. BENJAMIN, PhD** _____
Program Head Date Dean Date