# GRADUATE SCHOOL

GS Form 4

**Xavier University**

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### APPLICATION FOR COMPREHENSIVE EXAMINATION

(*Submit the accomplished form to the Office of the Dean of the Graduate School for approval. The applicant must attached to this*

*form his/her evaluation of grades and credits from the Graduate Evaluator and Compre Exam receipt. For questions on exam schedules /*

*deadlines / fees, email* *graduateschool@xu.edu.ph*)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Ad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. Nos.: Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_ Age \_\_\_\_\_\_\_

Office & Office Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate: [ ] 1st exam [ ] 2nd exam [ ] 3rd exam

SUBJECTS TAKEN AND PASSED

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| Course # | Descriptive Title | Rating | Unit | Sem/Sum | Where Obtained | Professor |
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DATE OF EXAM: and

 1st Saturday, 8:00am-1:00 pm 2nd Saturday, 8:00am-1:00 pm

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 Applicant’s Signature date

NOTED:

 [1] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [2] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FINANCE (tuition account) REGISTRAR (credentials)

[3]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM CHAIR/COORDINATOR

(Completed Academic Requirements)

[4] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEAN, GRADUATE SCHOOL Date

 (Approval)