

**UNIVERSITY OF THE PHILIPPINES MANILA**  
**The Health Sciences Center**

**MRR Monitoring Checklist**  
**(GRADUATE STUDENTS)**

Name \_\_\_\_\_ Student No. \_\_\_\_\_  
College \_\_\_\_\_  
Semester & Academic year of first enrollment in the program \_\_\_\_\_  
Number of years in the program \_\_\_\_\_  
Date of last MRR request \_\_\_\_\_  
Number of Leave of absence applied \_\_\_\_\_  
Absence without leave history \_\_\_\_\_

| Criteria                                  | Yes | No | Remarks |
|---|-----|----|---------|
| First time to apply for MRR extension     |     |    |         |
| Enrolled the previous semester            |     |    |         |
| Course work completed                     |     |    |         |
| Passed Comprehensive examination          |     |    |         |
| Status of Thesis                          |     |    |         |
| • Thesis topic approved                   |     |    |         |
| • Proposal presented & approved           |     |    |         |
| • Ongoing data gathering                  |     |    |         |
| • Thesis writing                          |     |    |         |
| • Thesis defended and approved            |     |    |         |
| • Revision of manuscript                  |     |    |         |
| Total number of enrichment courses passed |     |    |         |

Evaluated by: \_\_\_\_\_

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

