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 prog	gram		
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:



UNIVERSITY OF THE PHILIPPINES MANILA

National Graduate Office for the Health Sciences

3/F Joaquin Gonzales Building, Padre Faura cor. Maria Orosa St., Ermita, Manila 1000 Philippines



Tel: (632) 88141248 • Email: upm-ngohs@up.edu.ph Website: ngohs.upm.edu.ph

REQUEST FOR EXTENSION OF MAXIMUM RESIDENCY					
MRR Extension Ap	pplication for □ 1st Sem	□ 2nd Sem □	Short Term (Summer)		
STUDENT NUMBER:	NAME OF STUDENT:		LANDLINE NO.: MOBILE NO.:		
COLLEGE:	PROGRAM:	YEAR ADMITTED:	E-MAIL ADDRESS:		
a. Reason/s for e b. Progress of str c. Plan of work f d. Explanatory e e. MRR Monitor 2. True copy of grades duly 3. Copy of the previous app	d to the Chancellor through proper characterision ady for requested extension, expected output andorsement of the thesis/dissertation acting checklist signed by the College Secretary. roved MRR request	it and date of completion of each p	planned activity red unless otherwise indicated in the MRR		
Endorsed by Program Adviser Signature over	printed name	Endorsed by Program Committee Chair	Signature over printed name		
Date:		Date:			
Noted by: College Secretary Signature over	r printed name	Endorsed by Dean Signatu	ire over printed name		
Leslie Michelle M. Dalmacio, PhD Director, NGOHS		Conditions for extension: Must have passed enrichment co Must have presented the thesis/d Must have defended the thesis/d Action: WARNING Masters/MS/MA student on his/he PhD/DrPH student on his/her 8th FINAL WARNING PhD/DrPH student on his/her 11t LAST & FINAL APPROVAL Masters/MS/MA student on his/her 12t EXTENSION & ENROLLME Approval Recommended by: Vice Chancellor for Academic NYMIA P. SIMBULAN, DrPH Date:	dissertation proposal issertation er 6th - 8th year 1-10th year er 9th year 10th year er 10th year h year NT DENIED		
Endorsed by University Registrar TRISTAN NATHANIEL C. RAMOS	3, DDM, MPH	Approved by The Chancellor CARMENCITA M. DAVID-P. Date:	ADILLA, MD, MAHPS		
Conforme:Student's Signature over printed nam		received by/copy for: DGU-OCS OUR REQUESTING PAI	RTY		

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