

## National Graduate Office for the Health Sciences UNIVERSITY OF THE PHILIPPINES MANILA

## The Health Sciences Center

 $3/\mathrm{F}$ Joaquin Gonzales Building, Padre Faura cor<br/>. Maria Orosa St., Ermita, Manila1000 Philippines

Tel: (02-88141-247 • 02-88141-248 • Email: upm-ngohs@up.edu.ph Website: ngohs.upm.edu.ph



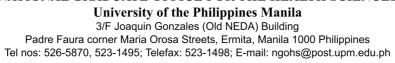
REG	QUEST FOR EXTEN	ISION	<b>OF MAXIMUN</b>	A RES	SIDENCY
MRR Extension	Application for	1st Sem	□ 2nd Sem		Short Term (Summer)
STUDENT NUMBER:	NAME OF STUDENT:				LANDLINE NO.:
COLLEGE:	PROGRAM:		YEAR ADMITTED:		MOBILE NO.: E-MAIL ADDRESS:
a. Reason/s fo b. Progress of c. Plan of wor d. Explanator e. MRR Moni 2. True copy of grades du 3. Copy of the previous a	ssed to the Chancellor through prexension study of for requested extension, expery endorsement of the thesis/disstoring checklist ly signed by the College Secreta pproved MRR request	proper char cted output certation ad ary.	and date of completion	of each p	planned activity ed unless otherwise indicated in the MRR
Endorsed by Program Adviser Signature ov	er printed name		Endorsed by  Program Committee C	_ Chair	Signature over printed name
Date:			Date:		
Noted by: College Secretary Signature of	over printed name		Endorsed by <b>Dean</b>	Signatu	re over printed name
Date:Action of the National Graduate (	Office for the Health Esignace.		Date:		
			□ Must have presented th □ Must have defended th  Action: WARNING □ Masters/MS/MA studen □ PhD/DrPH student on h  FINAL WARNING □ Masters/MS/MA studen □ PhD/DrPH student on h  LAST & FINAL APPROV. □ Masters/MS/MA studen □ PhD/DrPH student on h  □ EXTENSION & EN  Approval Recommend	at on his/he his/her 8th at on his/her 11th at on his/her 11th AL at on his/her 12th ROLLMEN led by:	er 6th - 8th year -10th year er 9th year n year er 10th year n year
CARL ABELARDO T. ANTONIO Director, NGOHS	, MD, MPH		Vice Chancellor for A  BERNADETTE HEIZE  Date:		
Endorsed by University Registrar  JEAN FLOR C. CASAUAY, RPh, Date:	MS		Approved by The Chancellor  MICHAEL L. TEE, MI Date:	,	Ed, MBA
Conforme:Student's Signature over printed n			received by/copy for: DGU-OCS OUR REQUEST		TTY

UPM-NGS-0P-02F2 Page: 1 of 1



Evaluated by:

## NATIONAL GRADUATE OFFICE FOR THE HEALTH SCIENCES





Name	Studentino		
College	_		<del></del>
Semester and Academic year of first enrolment 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			
Starus of Thesis			
Thesis topic approved			
Proposal presented & approved			
Ongoing data gathering			
Thesis writing			
Thesis defended and approved			
Revision of manuscript			
Total number of enrichment course passed			
Evaluated by:	Date:		
OF THE NATIONAL CRAPHATE OFFI	CE EOD T		UPM-NGOHS Form # 15 MRR Monitoring Checklist
NATIONAL GRADUATE OFFI University of th 3/F Joaquin Gonza Padre Faura corner Maria Orosa S Tel nos: 526-5870, 523-1495; Telefax:	e Philippino ales (Old NED Streets, Ermita 523-1498; E-I	e <b>s Manil</b> A) Building a, Manila 1 mail: ngoh	ALTH SCIENCES a g 1000 Philippines s@post.upm.edu.ph
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Date: