

Gov. Infantado St. Calapan City 5200 Oriental Mindoro Philippines

GRADUATE SCHOOL

GS FORM 1 - CE APPLICATION FOR COMPREHENSIVE EXAMINATIONS

STUDENT INFORMATION		
SURNAME	FIRST NAME	MIDDLE NAME
CELLPHONE NO:	FB MESSENGER:	
EMAIL ADDRESS:		
ACADEMIC INFORMATION		
	(CA)	
PROGRAM:		
SCHEDULE FOR COMPREHENSIVE EXAMINATIONS/PAYMENTS		
Please consider me among the	examinees this:	
[] First Semester	20—to 20—	
[] Second Semeste		
[] Summer	20	
PAYMENT DETAILS: DWCC OFFICIAL RECEIPT NO	DATE;	AMOUNT: PHP
OR PALAWAN TRANSACTION NO DATE: AMOUNT: PHP		
CERTIFICATION FOR COMPREHENSIVE EXAMINATION- REGISTRAR		
I certify he/she has comp	lied with the requirements needed before taking the cor	mprehensive examinations.
RECORDS EVALUATOR:	SIGNATURE OVER PRINTED NAME	DATE
DECICEDAD.	SIGNATURE OVER PRINTED NAME	DATE
REGISTRAR:	SIGNATURE OVER PRINTED NAME	DATE
ADDROVAL OF DEAN OF OR ADVIATE COLLOCK		
APPROVAL OF DEAN OF GRADUATE SCHOOL		
APPROVED BY:	OLOMATURE OVER PRINTER MAME	
	SIGNATURE OVER PRINTED NAME	DATE
INSTRUCTIONS TO APPLICANTS		
This form must be accomplished online by the student and submit to the Record's Evaluator (Email address: gsdwcc@gmail.com) two weeks before the scheduled comprehensive examinations.		