



UNIVERSITY OF THE PHILIPPINES VISAYAS
GRADUATE SCHOOL
General Luna St., 5000 Iloilo City, Philippines
Email Address: gs-secretary.upvisayas@up.edu.ph



REQUEST FOR CONDUCT OF COMPREHENSIVE EXAMINATION
(For MSFS & MMA Programs)

Date

The Dean
Graduate School
UP Visayas, Iloilo City

Dear Sir/Madam:

I would like to take the Comprehensive Examination for the: *(please check box)*

☐

Master of Marine Affairs

☐

Master of Science in Food Science

on _____ at the _____
Date and Time of Examination *Venue of the Examination*

The title of my Special Problem/Thesis is:

The members of my Special Problem/Thesis Committee are the following:

Signature of Adviser over Printed Name

Signature of Member over Printed Name

Signature of Member over Printed Name

Signature of Member over Printed Name

Signature of Student over Printed Name

Email Address: _____

Student Number: _____

Mobile Number: _____

Recommendation: Approval / Disapproval

Recommendation: Approval / Disapproval

Graduate Program Coordinator

Graduate School Secretary

ACTION: APPROVED / DISAPPROVED

Graduate School Dean