

Date: _____

The Dean
 Asian Center
 University of the Philippines Diliman

Thru: The College Secretary

Dear Sir/Madam:

I would like to manifest my intent to take the comprehensive exams for the MAS / MAAS / MPS / MAPS program in [] March [] June [] September [] December 20____. I have completed ____ units of academic course work as of the end of _____ Semester/ Summer 20__-20__. My area of specialization is _____ . My program adviser is _____.

Thank you.

Signature: _____	Student No.: _____
Name of Student: _____	Email Address: _____
Date: _____	Contact No.: _____

Student No.: _____
 Admitted: [] First [] Second Semester _____ - _____
 Last enrolment: [] First [] Second Semester _____ - _____

Core Courses	Professor	Sem/AY	Grade	Electives	Professor	Sem/AY	Grade
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Area of Specialization

Others (e.g. Languages courses, Penalty Courses)

