

RIZAL TECHNOLOGICAL UNIVERSITY
Boni Avenue, City of Mandaluyong
GRADUATE SCHOOL

Form # 03

Date: _____

APPLICATION FOR COMPREHENSIVE EXAMINATION

Name of Applicant: _____ Signature _____

Degree Currently Enrolled: _____ Student No. _____

Major : _____

Core Courses	Units	Grade	Professor	Year/Term Taken
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Major courses

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cognates/Pre-requisites Subject

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(To be submitted & checked before a student applies for the written/oral comprehensive examination)

Evaluated by: _____ Date: _____
Signature over Printed Name

Recommending Approval: _____ Date: _____
Signature over Printed Name

Approved by _____ Date: _____
Signature over Printed Name