



STUDENT ACADEMIC EVALUATION FORM (Under the Pandemic)

Name of Student: _____ Student Number: _____

Degree Program: _____ Date: _____

Term & Year admitted in the program 1st 2nd Special _____ Academic Year

Foundation Courses (if applicable)

Title	Unit/s
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Bridging Courses (if applicable)

Title	Unit/s
_____	_____
_____	_____
_____	_____
_____	_____

Pre-requisite Courses

Title	Unit/s
_____	_____
_____	_____
_____	_____

Core Courses

Title	Unit/s
_____	_____
_____	_____
_____	_____
_____	_____

Specialization Courses

Title	Unit/s
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Cognate Courses

Title	Unit/s
_____	_____
_____	_____

DO NOT WRITE BEYOND THIS LINE

Written Comprehensive Examination (WCE)

Date taken: _____ Grade: _____

Residency:

- Active, within residency
- Residency lapsed
To reactivate with _____ units

Other comments:

Endorsed by (Program Lead):

Approved by (Faculty Secretary):

Date: _____

Foreign Language (if applicable)

Title	Unit/s
_____	_____
_____	_____

Terminal Requirements

Title	Unit/s
_____	_____
_____	_____
_____	_____
_____	_____

Reactivation Courses (if applicable)

Title	Unit/s
_____	_____
_____	_____
_____	_____
_____	_____

Total units completed _____