

STUDENT ACADEMIC EVALUATION FORM

Name of Student:		Student Number:	
Degree Program:	Date:	Date:	
Email Address:	Mobile Phone Number:		
Term & Year admitted in the progra	m 1st	2nd Special Academic	Year
Foundation Courses (if applicable)		Core Courses	
Title	Unit/s	Title	Unit/s
		Specialization Courses Title	Unit/s
Bridging Courses (if applicable)			————
Title	Unit/s		
Pre-requisite Courses			
Title	Unit/s		
		Cognate Courses	
Written Comprehensive Examination (WCE)		Title	Unit/s
*attach a copy of WCE Certificate or Temporary TOR			
Drawam Load Endagaments		<u>Foreign Language</u>	
Program Lead Endorsement:		Title	Unit/s
Signature:			
Date:		Terminal Requirements	
DO NOT WRITE BEYOND THIS LIN	IE	Title	Unit/s
Residency:			
Active, within residency Residency laps	sed		
To reactivate with			
Remarks:		Reactivation Courses (if applicable)	
		Title	Unit/s
Approved by (Faculty Secretary):			
Deter		W.L.,1 11	_1
Date:		Total units completed	a