



WRITTEN COMPREHENSIVE EXAMINATION APPLICATION FORM

Name: _____
LAST NAME FIRST NAME M.I.

Student Number: _____ Tel. No. _____

Email Address: _____ Mobile. No. _____

Degree Program: _____

ELIGIBILITY: The student must have earned the following requirements:

- | | |
|--|---|
| <ul style="list-style-type: none"> - M.A. / M.S. : 30 Academic Units - 6 units of Prerequisite Courses - 9 units of Core Courses - 15 units of Specialization Courses - Masteral students should choose four (4) specialization courses and two (2) core courses. | <ul style="list-style-type: none"> - Ph.D./Ed.D.: 39 Academic Units - 9 units of Philosophy or Applied Courses - 30 units of Specialization Courses - Doctoral students should choose eight (8) specialization courses. |
|--|---|

NOTE: Ongoing courses are not allowed

_____ Term, AY _____

Date of WCE: _____

	Courses	Course Classification (Core/Specialization)	Professors
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

This is to certify that I have completed _____ units and that I am not on probationary status.

Applicant's Signature

APPLICATION PROCEDURE

1. Secure Temporary Transcript of Records (TOR) from the Registrar's Office at the UST Main Building.
2. Pay the WCE Fee at the Cashier's Office, UST Main Building.
3. Submit the WCE form and the Official Receipt to the Graduate School Dean's Office.

FOR OFFICIAL USE ONLY

Receipt No.: _____ Date Paid: _____ Amount Paid: _____

The **deadline for submission** is on _____

ONLINE Orientation Schedule

For inquiries: Email wce.gs@ust.edu.ph or call **02-87315396** or visit the **USTGS Office**.