



APPLICATION FOR EXTENSION OF ACADEMIC RESIDENCY

(Date)

To: The Dean
College of Social Sciences and Philosophy

Thru Channels: Department of

I hereby apply for an extension of my residency of one academic year (AY). This will be my first second third fourth fifth residency extension in the M.A./ Ph.D. program. In support of and in connection with my application I would like to state the following:

Three horizontal lines for writing the statement of reasons.

(Please add additional sheets if necessary.)

I also enclose the following documents in support of my application:

Three horizontal lines for listing enclosed documents.

Signature of Student over Printed Name

Recommending approval:

Department Chair
Date:

Department Graduate Program Coordinator
Date:

- ( ) Recommending approval of extension for
( ) Not recommending approval

MA. LIZA RUTH A. OCAMPO, Ph.D.
Coordinator, CSSP Graduate Program

Date

Action Taken:

- ( ) Approved with the following stipulation(s):

- ( ) Disapproved

Remarks:

Two horizontal lines for writing remarks.

MARIA BERNADETTE L. ABRERA, Ph.D.
Dean, CSSP

Date