	EASTERN VISAYAS STATE UNIVERSITY		
	Tacloban City		
	Title of Form: Application for Comprehensive Examination	Control No.	EVSU-GS-F-001
		Revision No.	01
Date		November 6, 2019	

THE DEAN
Graduate School

Ma'am:

As per requirement of the Graduate School of this University may I have the honor to seek permission and approval to take the Written Comprehensive Examination schedule on:

_____ 1st Semester _____
 _____ 2nd Semester _____
 _____ Summer _____

Attached is my Transcript of Records and receipt of payment.


Thank you.

Applicant's Printed Name & Signature

Program & Grade Point Average

Cellphone No.: _____

OR Number and Date: _____

	EASTERN VISAYAS STATE UNIVERSITY		
	Tacloban City		
	Title of Form: Application for Comprehensive Examination	Control No.	EVSU-GS-F-001
		Revision No.	01
Date		November 6, 2019	

This is to certify that M_____ a Doctoral/Master's student of this University has met the academic requirements to enable him/her to take the Comprehensive Examination schedule on _____.

M_____ has earned a grade point average of _____ and his/her field of specialization is _____.

Dean