UP CSSP OGP Form 35



**OFFICE OF THE GRADUATE PROGRAM**

**College of Social Sciences and Philosophy**

**University of the Philippines Diliman**

**APPLICATION FOR EXTENSION OF ACADEMIC RESIDENCY**

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|  |
| (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:

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| (Please add additional sheets if necessary.) |
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| I also enclose the following documents in support of my application: |
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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Student above Printed Name)

Recommending approval:

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| Department Chair  |  | Department Graduate Program Coordinator |
| Date:  |  |  | Date:  |  |

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 ( ) Recommending approval of extension for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ( ) Not recommending approval

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

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Action Taken:

( ) Approved with the following stipulation(s):

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 ( ) Disapproved

 Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **MARIA BERNADETTE L. ABRERA, Ph.D.** |  |  |
| Dean, CSSP |  | Date |