



APPLICATION FOR INTENTION TO GRADUATE

Name: _____ Date Filed: _____

Home Address: _____ Local Address: _____

Tel. No. _____ Tel. No. _____

Previous (BS or MS) Degree: _____

Year Obtained: _____ Name of Institution _____

Degree Sought: _____ Major _____

Minor _____

Research Title for (pls.check): DISSERTATION THESIS SPECIAL PROJECT

Research Adviser: _____

Date of Comprehensive Exam (if any): _____

Did you cross-register in any other schools? _____ Yes _____ No

Name of School	Courses Taken	Units	Grade	MSU Equivalent	Grade	Units
_____	_____	_____	_____	_____	_____	_____

OFFICE OF GRADUATE STUDIES

Ground Floor, CSM Bldg. Andres Bonifacio Avenue, Tibanga, 9200 Iligan
City Tel. (063) 221-4050 Local, 138, Tel./Fax: (063) 223-2345
e-mail: coe-jno@sulat.msuiit.edu.ph Website: <http://csm.msuiit.edu.ph/sgs>

Date: _____

Mr./Ms. _____
c/o Department of _____

This Institute

Dear Mr./Ms. _____,

It gives me pleasure to inform you that you passed the Comprehensive Examination administered on _____ for the degree _____.

A notation to this effect has been entered on your records.

C O N G R A T U L A T I O N S !

Dean

Cc: Registrar
Program
Coordinator file