



**OFFICE OF THE GRADUATE PROGRAM
College of Social Sciences and Philosophy
University of the Philippines Diliman**

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:

(Please add additional sheets if necessary.)

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

(Signature of Student above 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

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Action Taken:

- Approved with the following stipulation(s):

Disapproved

Remarks: _____

MARIA BERNADETTE L. ABRERA, Ph.D.

Dean, CSSP

Date