



### 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 over Printed Name

#### Recommending approval:

\_\_\_\_\_  
Department Chair  
Date: \_\_\_\_\_

\_\_\_\_\_  
Department Graduate Program Coordinator  
Date: \_\_\_\_\_

- .....  
( ) Recommending approval of extension for \_\_\_\_\_  
( ) Not recommending approval

**JEM R. JAVIER, Ph.D.**  
\_\_\_\_\_  
Officer-in-Charge, CSSP Graduate Program

\_\_\_\_\_  
Date

#### Action Taken:

- ( ) Approved with the following stipulation(s):  
\_\_\_\_\_  
\_\_\_\_\_  
( ) Disapproved

#### Remarks:

\_\_\_\_\_  
\_\_\_\_\_

**MARIA BERNADETTE L. ABRERA, Ph.D.**  
\_\_\_\_\_  
Dean, CSSP

\_\_\_\_\_  
Date