



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

APPLICATION FOR EXTENSION OF ACADEMIC RESIDENCE

Date: _____

FOR: The Dean
College of Social Sciences and Philosophy

I respectfully request an extension of academic residence of **one academic year (AY _____)**. This will be my [] first / [] second / [] third / [] fourth / [] fifth residence extension in the degree _____. In support of and in connection with my application, I would like to state the following (Please use additional sheet(s) if necessary):

Please also find enclosed the following documents in support of my application:

Thank you and I hope for your favorable response.

Signature over Printed Name of the Student

Recommending Approval:

Department/Institute Graduate Program Coordinator
Date: _____

Department Chair / Institute Director
Date: _____

[] Recommending approval of extension of academic residence for _____
[] Not recommending approval

Remarks: _____

Coordinator, Office of the Graduate Program
Date: _____

Action Taken: [] Approved, with the following stipulation(s): _____

[] Disapproved
Remarks: _____

Dean
Date: _____