



APPLICATION FOR EXTENSION OF ACADEMIC RESIDENCE

_____ (Date)

To: **The Dean**
College of Social Sciences and Philosophy

Thru Channels: Department of _____

I hereby apply for an extension of my residence of **one academic year (AY _____)**. This will be my () first () second () third () fourth () fifth residence 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.

Coordinator, CSSP Graduate Program

Date

Action Taken:

- () Approved with the following stipulation(s):

- () Disapproved

Remarks:

.....
MARIA BERNADETTE L. ABRERA, Ph.D.

Dean, CSSP

Date