



University of the Philippines
 SCHOOL OF LABOR AND INDUSTRIAL RELATIONS
 Diliman, Quezon City 1101 PHILIPPINES
 Telefax No. 9207717 Dean: 9278340 Tricenter Telefax: 9207693
 College Secretary: Telefax 9286396 U.P. Trunkline: 9205301

Application for: **COMPREHENSIVE EXAMINATION**

Examination Date: _____

Area of Specialization: (please check)

- | | |
|-----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Labor-Management Relations | <input type="checkbox"/> Comparative Industrial Relations |
| <input type="checkbox"/> Human Resource Development | <input type="checkbox"/> Labor Policy and Administration |

Applicant/Student's Name: (please print)

Student No.: _____

_____ Mobile No.: _____
 (Last) (Given) M.I.
 Home Address _____ Tel No.: _____
 Office _____ Tel. No.: _____

Please indicate/check if you are going to use a computer: Yes No

Will bring own Rent

CERTIFICATION OF ACADEMIC COURSES COMPLETED

COURSE NO.	SEMESTER TAKEN	FACULTY	UNITS	GRADES	REMARKS
TOTAL NO. OF UNITS EARNED					
WEIGHTED AVERAGE*					

Signature of Applicant/Student

*To be computed by the Office of the College Secretary.

Examination No.: _____