

**UNIVERSITY OF THE PHILIPPINES MANILA**  
**The Health Sciences Center**

**MRR Monitoring Checklist**  
**(GRADUATE STUDENTS)**

Name \_\_\_\_\_ Student No. \_\_\_\_\_  
 College \_\_\_\_\_  
 Semester & Academic year of first enrollment in the program \_\_\_\_\_  
 Number of years in the program \_\_\_\_\_  
 Date of last MRR request \_\_\_\_\_  
 Number of Leave of absence applied \_\_\_\_\_  
 Absence without leave history \_\_\_\_\_

Criteria	Yes	No	Remarks
First time to apply for MRR extension			
Enrolled the previous semester			
Course work completed			
Passed Comprehensive examination			
Status of Thesis			
• Thesis topic approved			
• Proposal presented & approved			
• Ongoing data gathering			
• Thesis writing			
• Thesis defended and approved			
• Revision of manuscript			
Total number of enrichment courses passed			

Evaluated by: \_\_\_\_\_

Date: \_\_\_\_\_



**NATIONAL GRADUATE OFFICE FOR THE HEALTH SCIENCES**  
**UNIVERSITY OF THE PHILIPPINES MANILA**  
 3/F Joaquin Gonzales Bldg., UP Manila Main (Old NEDA) Building  
 Padre Faura corner Maria Orosa Streets, Ermita, Manila 1000 Philippines  
 Tel nos: 523-1498, 523-1495; Telefax: 526-5870  
 E-mail: [ngoahs@post.upm.edu.ph](mailto:ngoahs@post.upm.edu.ph) URL: [www.ngoahs.upm.edu.ph](http://www.ngoahs.upm.edu.ph)

***REQUEST FOR EXTENSION OF MAXIMUM RESIDENCY***

STUDENT NUMBER:	NAME OF STUDENT:	LANDLINE NO.:
COLLEGE:	PROGRAM:	MOBILE NO.:
	YEAR ADMITTED:	E-MAIL ADDRESS:

**Please submit the following attachments before filing the request:**

1. Letter of request addressed to the Chancellor through proper channels citing the following:
  - a. Reason/s for extension
  - b. Progress of study
  - c. Plan of work for requested extension, expected output and date of completion of each planned activity
  - d. Explanatory endorsement of the thesis/dissertation adviser
  - e. MRR Monitoring checklist
2. True copy of grades duly signed by the College Secretary.

Endorsed by \_\_\_\_\_  
**Program Adviser** *Signature over printed name*  
 Date: \_\_\_\_\_

Endorsed by \_\_\_\_\_  
**Program Committee Chair** *Signature over printed name*  
 Date: \_\_\_\_\_

Noted by: \_\_\_\_\_  
**College Secretary** *Signature over printed name*  
 Date: \_\_\_\_\_

Endorsed by \_\_\_\_\_  
**Dean:** *Signature over printed name*  
 Date: \_\_\_\_\_

**Action of the National Graduate Office for the Health Sciences:**

\_\_\_\_\_

**ARNOLD V. HALLARE, Dr rer nat**  
**Director**  
 Date: \_\_\_\_\_

**Conditions for extension:**

- Must have presented the thesis/ dissertation proposal
- Must have defended the thesis/ dissertation
- Must have passed enrichment course/s/ comprehensive examination

**Committee Action:**

- Extension for one (1) semester only
- Last and final appeal for extension
- Disapproved

Approval Recommended by  
**Vice Chancellor for Academic Affairs:**

\_\_\_\_\_

**NYMIA P. SIMBULAN, DrPH**  
 Date: \_\_\_\_\_

Endorsed by \_\_\_\_\_  
**University Registrar:**

\_\_\_\_\_

**TRISTAN NATHANIEL C. RAMOS, DDM, MPH**  
 Date: \_\_\_\_\_

Approved by  
**The Chancellor:**

\_\_\_\_\_

**CARMENCITA M. DAVID-PADILLA, MD, MAHPS**  
 Date: \_\_\_\_\_

Conforme: \_\_\_\_\_  
*Student's Signature over printed name*  
 Date: \_\_\_\_\_

*received by/copy for:*  
 \_\_\_\_\_ **DGU-OCS**  
 \_\_\_\_\_ **OUR**  
 \_\_\_\_\_ **REQUESTING PARTY**



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***Dean:*** *Signature over printed name*  
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\_\_\_\_\_  
**ARNOLD V. HALLARE, Dr rer nat**  
***Director***  
Date: \_\_\_\_\_

\_\_\_\_\_  
**NYMIA P. SIMBULAN, DrPH**  
Date: \_\_\_\_\_

Endorsed by \_\_\_\_\_  
***University Registrar :***

Approved by \_\_\_\_\_  
***The Chancellor:***

\_\_\_\_\_  
**TRISTAN NATHANIEL C. RAMOS, DDM, MPH**  
Date: \_\_\_\_\_

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<b>Action of the National Graduate Office for the Health Sciences:</b>           _____ <b>ARNOLD V. HALLARE, Dr rer nat</b> <b>Director</b> Date: _____	<b>Conditions for extension:</b> <input type="checkbox"/> Must have presented the thesis/ dissertation proposal <input type="checkbox"/> Must have defended the thesis/ dissertation <input type="checkbox"/> Must have passed enrichment course/s/ comprehensive examination <b>Committee Action:</b> <input type="checkbox"/> Extension for one (1) semester only <input type="checkbox"/> Last and final appeal for extension <input type="checkbox"/> Disapproved   Approval Recommended by <b>Vice Chancellor for Academic Affairs:</b>  _____ <b>NYMIA P. SIMBULAN, DrPH</b> Date: _____
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