



St. Paul University Philippines
Tuguegarao City, Cagayan 3500

OFFICE OF THE GRADUATE SCHOOL

**COMPREHENSIVE EXAMINATION FORM
FOR COURSES TO BE TAKEN**

FOR DOCTORAL DEGREE CANDIDATE

NAME: _____

RECEIPT NO. _____

COURSE: _____

STUDENT NO. _____

MAJOR: _____

DATE OF EXAMS: _____

CONTACT NO. _____

SCHOOL YEAR: _____

EXAMINEE NO.: _____

	Subject Code	SUBJECT TITLE	PROFESSOR
3 Core Subjects			
6 Major Subjects Please write here all your major Subjects			
1 Cognate			