

Republic of the Philippines
UNIVERSITY OF SOUTHEASTERN PHILIPPINES
COLLEGE OF EDUCATION
Advanced Education Division
Bo. Obrero Campus, Davao City

Date

The Program Head

College of Education

University of Southeastern Philippines

Davao City

Sir/Madam:

This is to inform your office of my intent to take the Comprehensive Examination as a
requirement for my _____ course, scheduled on _____.
(Degree/Major)

Very truly yours,

Name of Student

Course/Major

Tel. No./Mobile Phone

Approved:

Program Head