



# UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

College, Laguna 4031 Philippines

## Evaluation Sheet

\_\_\_\_\_ Semester/Mid Year 20\_\_\_\_ -20\_\_\_\_\_

Request for **Extension of Maximum Residence** (indicate if 1st, 2nd)

Previous action (if any) & by whom \_\_\_\_\_

Name of Student \_\_\_\_\_ Student No. \_\_\_\_\_ Degree : \_\_\_\_\_  
 Contact Number \_\_\_\_\_ E-mail Add. \_\_\_\_\_

Endorsement	Recomm. Approval	Recomm. Disapproval	Remarks
Adviser			
Chair/Institute Director			

**Academic Record:**

**Requirements/Attachment:**

Total no. of years of actual residence	_____	List of remaining subjects approved by the adviser	_____
AWOL	_____	True Copy of Grades (TCG)	_____
Not Enrolled (N.E.)	_____	Summary of Academic Performance (SAP)	_____
LOA	_____	Others	_____
Total units earned	_____		
Total units remaining	_____		
Ave. passing load per semester	_____		
Total number of semester/s needed to finish the degree	_____		

Dean's Action for extension of maximum residence:

Approved

Disapproved

\_\_\_\_\_  
Dean