



GRADUATE SCHOOL  
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

Jose B. Juliano Avenue, College, Laguna 4031, Philippines  
+6349 536 3414 / 2310 | gs.uplb@up.edu.ph | http://gs.uplb.edu.ph



## APPLICATION FOR GRADUATE WORK IN ABSENTIA

Name: \_\_\_\_\_

Student No: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

Major: \_\_\_\_\_

Minor/Cognate(s): \_\_\_\_\_

1. Thesis/Dissertation Title:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Justification of off-campus graduate work:

\_\_\_\_\_

\_\_\_\_\_

3. a. Cooperating research or educational institution: \_\_\_\_\_

\_\_\_\_\_

b. Source of funding for off-campus graduate work: \_\_\_\_\_

\_\_\_\_\_

4. Arrangement(s) for supervision of off-campus graduate work:

a. Periodic visit of major adviser.

If yes, specify how often \_\_\_\_\_

b. Appointment of a qualified staff from the cooperating institute as supervisor.

If yes, specify the name, highest degree obtained and institution where obtained.

\_\_\_\_\_

\_\_\_\_\_

His/Her field of expertise/specialization: \_\_\_\_\_

\_\_\_\_\_

c. Others (please specify): \_\_\_\_\_

\_\_\_\_\_

The following should be attached to the application:

1. Approval sheet of thesis/dissertation outline.
2. Memorandum of understanding between UPLB and cooperating institution.
3. For item (4b), letter of adviser to the department chair/institute director requesting a qualified staff from the cooperating institution to supervise the student.



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As specified in the rules, I shall be registered at UPLB during the semester and/or summer that I am conducting my graduate work in absentia. Furthermore, I shall submit to my Adviser and Department Chair at least two progress reports each semester and one progress report each summer of graduate work in absentia. Lastly, I shall abide by all other rules and regulations of the UPLB Graduate School.

Student
(Signature over printed name)
Date: \_\_\_\_\_

Recommending Approval:

Guidance/Advisory Committee

Chair
(Signature over printed name)
Date: \_\_\_\_\_

Co-Chair/Member
(Signature over printed name)
Date: \_\_\_\_\_

Member
(Signature over printed name)
Date: \_\_\_\_\_

Member
(Signature over printed name)
Date: \_\_\_\_\_

Member
(Signature over printed name)
Date: \_\_\_\_\_

Department Chair
(Signature over printed name)
Date: \_\_\_\_\_

Endorsed:

PAMELA A. CUSTODIO
Graduate School Secretary
Date: \_\_\_\_\_

JOMAR F. RABAJANTE, D.Sc
Graduate School Dean
Date: \_\_\_\_\_

Note: Graduate Work in Absentia with University support should be approved by the Chancellor.