



GRADUATE SCHOOL
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

Jose B. Juliano Avenue, College, Laguna 4031, Philippines
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Date: _____

DR. AGHAM C. CUEVAS

Vice Chancellor for Academic Affairs
Office of the Vice Chancellor for Academic Affairs
University of the Philippines Los Baños
College, Laguna

Dear Dr. Cuevas,

I am writing to formally appeal for ☐ extension of residency ☐ re-admission

Note: Tick extension if you have exceeded 5 years (MS & Ph.D. by Research) & 7 years (Ph.D.) of residence in the program.

Tick re-admission if the students was not able to complete the requirements for the degree within the time limit (including extension).

to _____
Degree Program

at University of the Philippines Los Baños. I regretfully acknowledge

☐ exceeding the maximum residence requirement

☐ failing to complete after the allowable period of extension

during/starting from the term/s: _____ to _____
Last Semester of Maximum Residency Requirements (MRR)/ Last Semester of Extension

due to _____

During the course of my program, I have successfully completed _____
Courses/Examination/ Other Academic Activities

I am appealing to be reinstated/extended/re-admitted starting from _____
Semester and Academic Year

to continue my studies and expected to graduate by _____.
Semester and Academic Year

Thank you very much for considering my request.

Sincerely,

Signature over printed name of student

Recommending Approval:

Chair of Guidance/ Advisory Committee

GPMC Chair

Recommending APPROVAL/ DISAPPROVAL:

JOMAR F. RABAJANTE D.Sc
Graduate School Dean

APPROVAL/ DISAPPROVAL:

DR. AGHAM C. CUEVAS
Vice Chancellor for Academic Affairs

Note: Attach separate page enumerating and explaining strategies to complete the degree program.