



# INSTITUTE OF MATHEMATICS

College of Science  
University of the Philippines Diliman



## Preliminary Examination Intent Form Professional Master's in Applied Mathematics (Actuarial Science)

STUDENT INFORMATION				
Last Name		First Name		Middle Initial
Course Work Completed	Semester		Academic Year	
	GWA			
Email Address			Contact Number	

Exam Core Courses	Instructor(s)	Semester and Academic Year completed
Actuarial Theory and Practice (Math 260)		
Survival and Loss Models (Math 261)		
Actuarial Science I (Math 262.1)		
Actuarial Science II (Math 262.2)		
Third Area (specify)		

**This is to certify that I have completed at least 33 units of course work in the program.**  
**I intend to take the preliminary examination this  1st  2nd semester**  
**AY 20 \_\_\_\_ - 20 \_\_\_\_.**

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date

Please email the filled-out form to [ddapr@math.upd.edu.ph](mailto:ddapr@math.upd.edu.ph).