



INSTITUTE OF MATHEMATICS

College of Science
University of the Philippines Diliman



PhD Candidacy Exam Schedule

Request Form

STUDENT INFORMATION			
Full Name of Student <i>Last, First, Middle Initial</i>			
Student Number		GWA	
Sem & AY Passed PhD Qualifying Exam			
Sem & AY Completed Course Work			
Sem & AY of First PhD Enrollment			
Sem & AY Passed Math 296			

SCHEDULE INFORMATION	
Title of Candidacy Talk	
Date/Time	
Zoom Registration Link <i>if hybrid or online</i>	
Full Name of Adviser(s)*	1.
	2.
Full Name of Reader(s)*	1.
	2.
Full Name of Examiners*	1.
	2.

* Specify the designation and institutional affiliation of non-UP Diliman faculty panel members.

This is to certify that the members of the Candidacy Examination Committee have agreed to the schedule and mode of the Candidacy Examination.

Signature over Printed Name of Student

Date

Please email the filled-out form **at least five (5) working days** before the Candidacy Examination to ddapr@math.upd.edu.ph.