

LOYOLA SCHOOL OF THEOLOGY
Ateneo de Manila University
Loyola Heights, Quezon City

Date: _____

The Dean
Loyola School of Theology

I would like to request that my STL/STD/PhD Comprehensive Examination be scheduled this current semester. My mentor is _____. Attached is the copy of my approved thesis statements.

Please inform me of the schedule of my examination. I can be reached through this number _____ or by email at _____.

Sincerely,

Signature of the student over printed name

Endorsed:

Signature of the Adviser

Noted:

Dean