

LOYOLA SCHOOL OF THEOLOGY

Theology and Ministry Program  
Ateneo de Manila University

LST Form #R303

**APPROVAL OF COMPREHENSIVE EXAM THESIS STATEMENTS BY ADVISER**  
**S.T.L. / S.T.D. / D.Min. / Ph.D.**

Date:

\_\_\_\_\_

From (Student):

\_\_\_\_\_

To the LST Vice President for Academic Affairs:

I hereby request for a schedule for **STL/STD/DMin/PhD COMPREHENSIVE EXAMINATION**.  
Attached are my **six (6) Thesis Statements**, which have been approved by my adviser.

Remarks:

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF STUDENT

Endorsed:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME AND SIGNATURE OF ADVISER

Noted:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF VICE PRESIDENT FOR ACADEMIC AFFAIRS

Copy for: Professor  
LST

Encoded in LST-ISIS by: \_\_\_\_\_  
Date encoded: \_\_\_\_\_