SGSL-SRF-2023-01

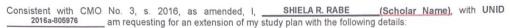
J. PROSPERO E. DE VERA III, DPA Chairman

Commission on Higher Education

Thru : CORINNA FRANCES O. CABANILLA

Director-in-Charge

Scholarships for Graduate Studies - Local



Start of Extension i.e. Academic Year and Term OR Date of the Start of the Semester after the Last Term of the Original Study Plan issued at the Commencement of the Scholarship	AY 2018-2019, first semester
End of Extension i.e. Date of Graduation as reflected in the Transcript of Records	AY 2022-2023, second semester
Total Duration of Extension	9 semesters, including 1 semester LOA

The extension request is due to:

Note: Kindly put a [✔] in the box for all that applies. Please ensure that supporting documents will be submitted that correspond to your answer/s.

Justification		Supporting Document	
	Financial reasons	Copy of Income Tax Return for the affected period OR Notarized Affidavit of No/Low Income	
1	Health reasons	Copy of medical certificate detailing diagnosis and recommendations for the patient, signed by a licensed physician	
	Personal reasons	Detailed timeline of events and actions taken from the start of the extension up to the date of completion with relevant supporting documents such as, but not limited to, copy of medical certificate of family/relative, copy of death certificate, etc., signed by the respective SHEI and DHEI authorized representatives (see Annex A for the timeline template)	
1	Completion of academic requirements	Detailed timeline of events and actions taken from the start of the extension up to the date of completion, endorsed by the respective SHEI and DHEI authorized representatives (see Annex A for the timeline template)	
	Retaken Subject/s	Official copy of grades from the Registrar's Office OR Certification from the Dean or GMO, which shows the breakdown of subject/s retaken and the reason/s for the retaken	
	Concern/s on the Study Plan	Copy of the study plan AND Certification from the Dean regarding the correction on the study plan and/or duration of study based on the approved curriculum for the degree	
1	COVID-19 Pandemic Detailed timeline of events and actions taken which clearly demonstrate how the COVID-19 Pandemic affected the completion of study from March 2020 up to the dof completion, endorsed by the respective SHEI and DHEI authorized representative (see Annex A for the timeline template)		

By signing below, I certify that all information above is true and correct. This is to further certify that I am allowed by VISAYAS STATE UNIVERSITY (SHEI) and UNIVERSITY OF THE PHILIPPINES LOS BANGS (DHEI) to continue my studies within the duration I have indicated above and my return service engagement with NSAYAS STATE UNIVERSITY (SHEI) shall likewise be adjusted in proportion to the extended period and in accordance with the Final Return Service Agreement and Re-Entry Action Plan.

SHIELA R. RABE SGS-L Scholar

Printed Name with Signature and Date

By signing below, we certify that all information above is true and correct and ONLY OF THE PHILLIPPINES LOS BANGS (DHEI) favorably endorses the scholar's extension request.

DR. AGHAM C. CUEVAS

Grants Management Officer
Printed Name with Signature and Date

DR. JOMAR F. RABAJANTE

College Dean

Printed Name with Signature and Date

By signing below, we certify that all information above is true and correct and visayas start university (SHEI) favorably endorses the scholar's extension request.

DR. ROTACIO S. GRAVOSO

SHEI Coordinator

SHEI Coordinator
Printed Name with Signature and Date

DR. PROSE IVY G. YEPES

Head of Institution

Printed Name with Signature and Date