

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

Consistent with CMO No. 3, s. 2016, as amended, I, SHIELA R. RABE (Scholar Name), with UNID 2016a-805976 am requesting for an extension of my study plan with the following details:

| | |
|--|--|
| Start of Extension <i>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</i> | AY 2018-2019, first semester |
| End of Extension <i>i.e. Date of Graduation as reflected in the Transcript of Records</i> | 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 |
|---|---|
| <input type="checkbox"/> Financial reasons | Copy of Income Tax Return for the affected period OR Notarized Affidavit of No/Low Income |
| <input checked="" type="checkbox"/> Health reasons | Copy of medical certificate detailing diagnosis and recommendations for the patient, signed by a licensed physician |
| <input type="checkbox"/> 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) |
| <input checked="" type="checkbox"/> 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) |
| <input type="checkbox"/> 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 retake |
| <input type="checkbox"/> 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 |
| <input checked="" type="checkbox"/> 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 date of completion, endorsed by the respective SHEI and DHEI authorized representatives (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 BANOS (DHEI) to continue my studies within the duration I have indicated above and my return service engagement with VISAYAS 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 UNIVERSITY OF THE PHILIPPINES LOS BANOS (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 STATE UNIVERSITY (SHEI) favorably endorses the scholar's extension request.

DR. ROTACIO S. GRAYOSO

SHEI Coordinator

Printed Name with Signature and Date

DR. PROSE IVY G. YEPES

Head of Institution

Printed Name with Signature and Date