



# INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC. (ICFHI)

## Graduate School for Public Health

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### FORM 8.0 COMPREHENSIVE EXAMINATION RETAKE

Name of Student: \_\_\_\_\_ Year Level: \_\_\_\_\_

Subject 1: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Instructor: \_\_\_\_\_

Grade: \_\_\_\_\_

Subject 2: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Instructor: \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME AND SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE SIGNED

Noted by: \_\_\_\_\_

PRINTED NAME AND SIGNATURE OF INSTRUCTOR

\_\_\_\_\_  
DATE SIGNED

### TO BE FILLED UP BY THE SCHOOL OFFICIAL

Amount paid: \_\_\_\_\_ Date paid: \_\_\_\_\_ OR number: \_\_\_\_\_

Date of Release: \_\_\_\_\_

Date Received: \_\_\_\_\_

APPROVED BY:

**ELSIE LYNN BARONIA-LOCSON, MD, MPH, MSc, FPPS**

Executive Director and Dean