Republic of the Philippines

Attach latest ID

(Passport

 size)

BSU-GS FORM 03

#### Benguet State University

La Trinidad, Benguet

2601, Philippines

# GRADUATE SCHOOL

PLAN OF COURSE WORK

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I.D. No.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date Accomplished:** |  |
| **Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Family name First name Middle name* | **Mobile Phone No.** |  |
| **Secondary Contact No.** |  |
| **Degree:** | **\_\_\_\_\_\_\_\_** | **Major Field:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Cognate** |  |
|  |
| **End of Residency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Course Code** | **Descriptive Title** | **Semester****& S.Y.** | **Grade** | **Unit** | **Professor** | **Remarks** |
| **Major Courses ( units)** |  |  |  |  |  |
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| **Cognates/Minor Electives ( units)** |  |  |  |  |  |
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| **Basic/Core/Foundation Courses ( units)** |  |  |  |  |  |
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| **Courses approved for transfer of credit ( units )** | **Date Taken** | **Grade** | **Unit** | **Institution** | **Remarks** |
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| **Other Required Subjects as per Notice of Acceptance/General Course** | **Semester****& S.Y.** | **Grade** | **Unit** | **Professor** | **Remarks** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
|  | **Refresher Courses (If applicable) (9 units for MA/MS/MAED)** **(12 units for PhD)** |  |  |  |  |  |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| **DISSERTATION/THESIS ( units)** | **Semester****& S.Y.** | **Grade** | **Unit** | **Professor** | **Remarks** |
| 1. |  |  |  |  |  |  |  |
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APPROVAL RECOMMENDED by the Advisory Committee

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

Student’s Signature Member Member

Cc: OUR

 Department:

 GS:

 Student:

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

 Member Adviser/Chairperson

 Noted: APPROVED:

 ROMEO A. GOMEZ, JR., PhD

 College Dean/Institute Director GS Dean

 Date: Date:

 Date recorded\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Enrollment Period**

 For MASTERS PROGRAMS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SemesterYear |  ( Ex. 2018-2019) |  |  |  |  |
|  |  1st Year |  2nd Year |  3rd Year |  4th Year |  5th Year |
| 1st Semester |  |  |  |  |  |
| 2nd Semester |  |  |  |  |  |
| Midyear |  |  |  |  |  |

 For DOCTORATE PROGRAMS

|  |  |  |
| --- | --- | --- |
| SemesterYear |  |  |
|  |  6th Year |  7th Year |
| 1st Semester |  |  |
| 2nd Semester |  |  |
| Midyear |  |  |

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| **(for GS Purpose)** | DATE OF EXAM/ DEFENSE  | REMARKS | **For OUR Purpose** (Remarks) | Evaluated by | Date |
| Qualifying |  |  |  |  |  |
| Proposal |  |  |  |  |  |
| Comprehensive |  |  |  |  |  |
| Final Defense |  |  |  |  |  |

 (Revised Midyear 2018)

RAG / EPL**,** mcb, mfh, jls, ccz, jaj, jbd