**To: The Advisory Committee:**

BSU-GS FORM 13

Please make an assessment and identify accordingly the subjects earned based on the curriculum.

|  |
| --- |
| SUBJECT (S) |
| EXTRA SUBJECT/S | CHANGE TO |
| CourseCode | Descriptive Title | Units | Major/Minor | Course Code | Descriptive Title | Major/Minor |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

This is to allow / grant that the following subjects be credited in relation to his/her academic requirements for the degree.

Certified True and Correct:

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

Signature of Student Over Printed Name

|  |
| --- |
| **ADVISORY COMMITTEE** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature Over Printed Name**MEMBER** | Signature Over Printed Name**MEMBER** | Signature Over Printed Name**MEMBER** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Signature Over Printed Name**ADVISER** |  |
|  |  |  |
| NOTED BY: | RECOMMENDING APPROVAL: | APPROVED BY: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **ROMEO A. GOMEZ JR., PhD** |
| Signature Over Printed Name**DEPARTMENT CHAIR** | Signature Over Printed Name**COLLEGE DEAN** | Signature Over Printed Name**DEAN, GRADUATE SCHOOL** |
|  |  |  |