**BSU-CA-AS FORM 03**

(Revised August 2022)

Republic of the Philippines

#### Benguet State University

COLLEGE OF AGRICULTURE

Office of Advanced Studies

La Trinidad, Benguet

2601, Philippines

Attach latest ID

(Passport

 size)

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:** | **MS** | **Major Field:** | **Plant Pathology** | **Cognate** |  |
|  |
| **End of Residency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Course Code** | **Descriptive Title** | **Semester****& S.Y.** | **Grade** | **Unit** | **Professor** | **Remarks** |
| **Major Courses (18 units)** |  |  |  |  |  |
|  | PP 210 | Pathogenesis |  |  | 3 |  |  |
|  | PP 220 | Physiology of Plant Pathogenic Fungi |  |  | 3 |  |  |
|  | PP 225 | Epidemiology of Plant Diseases |  |  | 3 |  |  |
|  | PP 230 | Advance Plant Disease Management |  |  | 3 |  |  |
|  | PP 240 | Taxonomy of Plant Pathogenic Nematodes |  |  | 3 |  |  |
|  | PP 250 | Taxonomy of Plant Pathogenic Fungi |  |  | 3 |  |  |
|  | PP 260 | Advanced Phytonematology  |  |  | 3 |  |  |
|  | PP 270 | Advanced Phytovirology |  |  | 3 |  |  |
|  | PP 280 | Plant Disease Resistance |  |  | 3 |  |  |
|  | PP 290 | Special Topics/Problems |  |  | 3 |  |  |
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| **Cognates/Minor Electives (9 units)** |  |  |  |  |  |
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| **Basic/Core/Foundation Courses (7 units)** |  |  |  |  |  |
|  | Stat 285 | Experimental Designs and Statistical Analysis |  |  | 3 |  |  |
|  | Chem 13 | Basic Biochemistry |  |  | 3 |  |  |
|  | PP 299 | Graduate Seminar |  |  | 1 |  |  |
|  |  |  |  |  |  |  |  |
| **Courses approved for transfer of credit (9 units maximum)** | **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. |  |  |  |  |  |  |  |
| **Thesis (6 units)** | **Semester****& S.Y.** | **Grade** | **Unit** | **Professor** | **Remarks** |
| 1. | Hort 300 | Master’s Thesis |  |  | 6 |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |

**APPROVAL RECOMMENDED by the Advisory Committee**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Student’s Name and Signature |  | Member |  | Member |
|  |  |  |  |  |
| Cc: OUR  Department:  GS:  Student:  |  |  |  |  |
|  |  | Member |  | Adviser |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | Department Chairperson |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | NOTED: |  | APPROVED: |  |
|  |  |  |  |  |
|  | **LYNN J. TALKASEN** |  | **CONSTANTINO T. SUDAYPAN** |
|  | Advanced Studies Coordinator |  College Dean |
|  | Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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