

COLLEGE OF ENGINEERING _____
University of the Philippines Diliman

PROPOSED PLAN OF STUDY
As of _____
(DATE)

NAME: _____ Degree Program: _____
Semester of First Enrolment in the Program: _____ Area of Specialization _____
Number of years to complete the program: _____
Highest Degree Attained: _____ Required Units: _____
Area of specialization in previous program: _____

_____ Semester _____			_____ Semester _____		
Course	Units	Grade	Course	Units	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

_____ Semester _____			_____ Semester _____		
Course	Units	Grade	Course	Units	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

_____ Semester _____			_____ Semester _____		
Course	Units	Grade	Course	Units	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

_____ Semester _____			_____ Semester _____		
Course	Units	Grade	Course	Units	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

_____ Semester _____			_____ Semester _____		
Course	Units	Grade	Course	Units	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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Course No.	Course Title	Units	Semester	Academic Year	Grade
A. Core Courses					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
B. Electives					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
C. Cognates					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
D. Other Courses Required					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Prepared by:

Program Adviser
Date: _____

Date Approved by the Graduate Committee

Noted by : _____
Chair, Graduate Committee

Signature and Name of Student