**PLAN OF COURSE WORK**

□ Original

## Student Number: \_\_\_\_\_\_\_\_\_\_\_\_

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Degree Sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required Pre-requisite undergraduate courses without credit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COURSE NO. AND TITLE** | **SEMESTER & YEAR** | **GRADE** | **UNIT** | **PROFESSOR** |
| **CORE COURSES** |  |  |  |  |
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|  |  |  |  |  |
| **MAJOR COURSES\*** |  |  |  |  |
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| **MINOR/COGNATE(S)\*\*** |  |  |  |  |
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|  |  |  |  |  |
| **ELECTIVE** |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| **OTHER COURSES\*\*\*** |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| **SPECIAL PROBLEM/THESIS/DISSERTATION** |  |  |  |  |
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 *\* Not more than 6 units in the 100 level for the Master degree and 9 units (100 level) and 30 units (200 level) for the PhD degree may be credited*

 *\*\* Cognates may be waived but the required units must be taken in the major field*

 *\*\*\* Passing grades in all courses prescribed under “OTHER COURSES” are required as part of the qualification for taking the general or comprehensive examination. The grades in said courses shall not be included in computing the weighted average grade (2.00 or better) that is required for prescribed major and minor/cognate courses.*

**\* Indicate N/A or NONE for fields not applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COURSES APPROVED FOR TRANSFER CREDIT (6 & 9 UNITS MAXIMUM FOR MASTER’S AND Ph.D.** | **DATE TAKEN** | **GRADE** | **UNIT** | **PROFESSOR** |
|  |  |  |  |  |
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Foreign Language(s) prescribed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommending Approval: Graduate Advisory Committee (GAC):

 Chairman Member

 Member Member

Endorsed by:

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

Head, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Noted:

 CATHERINE C. ARRADAZA *Secretary, Graduate School*

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

Approved: Recorded:

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

*Dean, College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

ANABELLA B. TULIN MARWEN A. CASTAÑEDA

*Dean, Graduate School* *University Registrar*

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

**\* Indicate N/A or NONE for fields not applicable**