COLLEGE OF SCIENCE

FREE TUITION EXTENSION APPEAL
WORKPLAN

NAME: _____ STUDENT NUMBER: _____

COURSE: _____

Were you a shiftee/transferee into the College of Science? _____ Yes _____ No
If Yes, write Sem/AY of first enrollment in CS: _____

For which term is the appeal for? _____ Semester, AY _____

Expected Term of Graduation: _____ Semester, AY _____

Indicate in the table/s below all the courses you plan to take from the time of appeal until graduation. You may use an additional table if necessary.

Academic Year _____

First Semester	No. of Units	Second Semester	No. of Units	Midyear	No. of Units

Academic Year _____

First Semester	No. of Units	Second Semester	No. of Units	Midyear	No. of Units

Noted by: _____
Program Adviser