UP SCHOOL OF STATISTICS
Proposed Plan of Study

Name:
Student No.:
Degree Program:

Academic Year	1st Sem	Units	2nd Sem	Units	Midyear	Units
	Total Units		**Total Units**		**Total Units**	

Academic Year	1st Sem	Units	2nd Sem	Units	Midyear	Units
	Total Units		**Total Units**		**Total Units**	

Academic Year	1st Sem	Units	2nd Sem	Units	Midyear	Units
	Total Units		**Total Units**		**Total Units**	

(Please delete or add tables as needed)

Preferred electives:

Current GWA:

To be filled out the Student Records Evaluator:
End of MRR:
If applicable, no. of MRR extensions:
    End of 1st MRR Extension:
    End of 2nd MRR Extension:
    End of 3rd MRR Extension:
Notable deficiencies:

To be filled out by the Director of Graduate Studies:
Special remarks on the proposed plan of study:

Endorsed by:

<Name of Program Adviser or Director>
Program Adviser or Director of Graduate Studies