

UP SCHOOL OF STATISTICS
Proposed Plan of Study

Name:

Student No.:

Degree Program:

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

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

Academic Year	1 st Sem	Units	2 nd 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