

U.P. MINDANAO
College of Science and Mathematics

PLAN OF STUDY
(BS Biology)

Name: _____ Student Number: _____

Course Number and Title	Prerequisite(s)	Sem/Sum Academic Year	No. of Units
Biology Electives (Five 3-unit courses)			
1.			3
2.			3
3.			3
4.			3
5.			3
Free Elective (any 3-unit none biology courses)			
1.			3
2.			3

Submitted by:

Recommending Approval:

Signature of Student

Date

Name and Signature of Adviser

Date

APPROVED/DISAPPROVED:

NOREEN GRACE V. FUNDADOR, Ph.D.
College Secretary

Date

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