



# UNIVERSITY OF THE PHILIPPINES MANILA

## National Graduate Office for the Health Sciences

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### PROGRAM OF STUDY

Name: \_\_\_\_\_  
 Student No.: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Year of Admission: \_\_\_\_\_  
 Year of Enrollment: \_\_\_\_\_  
 1<sup>st</sup> Semester  2<sup>nd</sup> Semester  
 Scholarship: \_\_\_\_\_

Program Adviser: \_\_\_\_\_  
 Present Degree Program: MM (Business Management)  
 Degree-Granting Unit: College of Arts and Science  
 Academic Load Status:  
 Full-time  Part-time  
 Shiftee?  Yes  No  
 If yes, original degree Program: \_\_\_\_\_

COURSE	ACAD YR	SEM	CREDIT UNIT/S	GRADE	Gr X CU	REMARKS
<i>Core</i>						
Mgt. 201						
Mgt. 202						
Mgt. 203						
<i>Proficiency Course</i>						
Acctg. 1						
Econ II						
SSR 192						
<b>GWA:</b>						
<i>Required/Major</i>						
BM 201						
BM 220						
BM 222						
BM 230						
BM 240						
BM 299						
<b>GWA:</b>						
<i>Electives</i>						
<b>GWA:</b>						
<b>Total GWA:</b>						
<i>Title of Thesis:</i>						

Total number of units earned: \_\_\_\_\_

\_\_\_\_\_  
Signature of Adviser

\_\_\_\_\_  
Signature of Student

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

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

**Please fill up in triplicate.**