



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: _____
[] 1st Semester [] 2nd Semester
Scholarship: _____

Program Adviser: _____
Present Degree Program: MM (Public 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						
GWA:						
<i>Required/Major</i>						
PM 211						
PM 221						
PM 231						
PM 241						
PM 250						
PM 299						
GWA:						
<i>Electives</i>						
GWA:						
Total GWA:						
<i>Title of Thesis:</i>						

Total number of units earned: _____

Signature of Adviser

Signature of Student

Date: _____

Date: _____

Please fill up in triplicate.