**University of the Philippines Mindanao**

**GRADUATE SCHOOL**

**Mintal, Tugbok District, Davao City**

**NOMINATION OF GUIDANCE COMMITTEE**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Family Name) (First Name) (Middle Name)

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor/AOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_ Degree(s) Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree Sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby nominate the following as Chair/Members of my Guidance Committee:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_

Chair (Print Name & Signature) Representing (Major Field) Date

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Member (Print Name & Signature) Representing (Major Field) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_

Member (Print Name & Signature) Representing (Major Field) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_

Member (Print Name & Signature) Representing (Minor Field) Date

**PLAN OF STUDY (For MS and MA only)**

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| --- | --- | --- | --- | --- | --- |
| **Course Number** | **Course Title** | **Pre-requisite(s)** | **Sem. Offering** | **Unit(s)** | **Grade** |
| **MAJOR COURSES** | | | | | |
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| **MINOR COURSES** | | | | | |
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| **OTHERS** | | | | | |
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|  |  |  | **TOTAL:** |  |  |

* **Maximum of 6 units will be credited for 100-level courses which could be placed either in major or minor courses**
* **Courses numbered 190/191 will not be credited**
* **Courses which are needed but not be credited should be placed under “Others” \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Student**

**RECOMMENDING APPROVAL: ENDORSED: APPROVED:**

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**JUMA NOVIE A. ALVIOLA, Ph.D. Date RITCHIE MAE T. GAMOT, Ph.D. Date DOMINICA DM. DACERA, Ph.D. Date**

Dept Chair College Secretary Dean