

University of the Philippines in Mindanao

College of Science and Mathematics
Department of Mathematics and Computer Science

Plan of Study

(BS Computer Science)

NAME: _____

Student No. _____

Course Number and Course Title	Prerequisite(s)	Sem/Sum Academic Year	No. of Units
Computer Science Elective Courses			
Free Elective Courses			
Total Units			

SUBMITTED BY:

RECOMMENDING APPROVAL:

Name and Signature of Student

Date

Name and Signature of Advisor

Date

APPROVAL/DISAPPROVAL:

College Secretary

Date