



PROGRAM OF STUDY

☐ Original      ☐ Revised      Date of Revision: \_\_\_\_\_ Student No.: \_\_\_\_\_

Name: \_\_\_\_\_ Degree Program: \_\_\_\_\_

MRR Period: \_\_\_\_\_ Date Admitted: \_\_\_\_\_ Start Date of MRR: \_\_\_\_\_

Minimum No. of Units Required of the Program: \_\_\_\_\_ To Take UG prerequisites: YES ☐ NO ☐

If yes, please specify: \_\_\_\_\_

1. GRADUATE CORE COURSES REQUIRED

Course No.	Course Title	Units	Term	Grades
Total				

2. GRADUATE ELECTIVES

Course No.	Course Title	Units	Term	Grades
Total				

3. OTHER REQUIRED COURSES

Course No.	Course Title	Units	Term	Grades
Total				

4. THESIS/DISSERTATION

Course No.	Course Title	Units	Term	Grades
Total				

5. MILESTONES

Comprehensive exam	
Candidacy	

Prepared and submitted by: \_\_\_\_\_ Approved by: \_\_\_\_\_

Student    Program/ Research Adviser    Chair, Graduate Committee