



GRADUATE SCHOOL
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

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Recommended Courses for New Graduate Students

NAME: _____

STUDENT Number: _____ - _____

Degree/ Major: _____

Email: _____

Course No.	Section	Schedule	Units	Priority	Alternative

Note: Please write legibly and fill in the form fully as this will be the basis in enlisting courses. Make sure to have alternative courses in case that priority courses have been closed or unavailable.

Recommended and approved by:

 Temporary Adviser
 (Signature over printed name)
 Date: _____