DATE

**EDGAR G. CUE, PhD.**

*SUC President III*

MPSU, Bontoc, Mountain Province

**Sir:**

*Greetings!*

This is to transmit the course offering for \_\_\_\_\_\_\_ Semester, S.Y. \_\_\_\_\_\_\_\_ for your approval.

Thank you!

Respectfully,

**NAME OF CAMPUS DIRECTOR**

*Campus Director*

**COURSE OFFERINGS**

**\_\_\_\_\_\_\_\_\_\_\_\_ Semester SY \_\_\_\_\_\_\_\_\_**

**FIRST YEAR**

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| **Course Number** | **Descriptive Title** | **Units** | **Schedule****(Time/Days)** | **Room** | **Pre-requisite** | **Instructor** | **Maximum Number of Students**  |
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**SECOND YEAR**

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| **Course Number** | **Descriptive Title** | **Units** | **Schedule****(Time/Days)** | **Room** | **Pre-requisite** | **Instructor** | **Maximum Number of Students**  |
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**THIRD YEAR**

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| **Course Number** | **Descriptive Title** | **Units** | **Schedule****(Time/Days)** | **Room** | **Pre-requisite** | **Instructor** | **Maximum Number of Students**  |
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**FOURTH YEAR**

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| **Course Number** | **Descriptive Title** | **Units** | **Schedule****(Time/Days)** | **Room** | **Pre-requisite** | **Instructor** | **Maximum Number of Students**  |
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| **Total** |  |  |  |

Note:

1. Always check the approved curriculum in the preparation of course offering.

Prepared by:

**PROGRAM COORDINATOR**

Program Coordinator

Reviewed: (This only applies if you have program coordinator/year level advisers)

**NAME OF CHAIRPERSON**

Program Chairperson

Recommending Approval:

**NAME OF CAMPUS DIRECTOR**

Campus Director – Bontoc Campus

Approved:

**EDGAR G. CUE, PhD.**

SUC President III

*cc.*

*Program Chairperson (File)*

*Campus Director*

*Vice President for Academic Affairs*

*Director for Instruction*

*Registrar’s Office*