DATE

**EDGAR G. CUE, PhD.**

*SUC President III*

MPSPC, 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**

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

**SECOND YEAR**

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

**THIRD YEAR**

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

**FOURTH YEAR**

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

Department Chairperson

Recommending Approval:

**NAME OF CAMPUS DIRECTOR**

Campus Director – Bontoc Campus

Approved:

**EDGAR G. CUE, PhD.**

SUC President III

CC.

*Department (File)*

*Campus Director*

*Vice President for Academic Affairs*

*Director for Instruction*

*Registrar’s Office*