

UNIVERSITY OF THE PHILIPPINES LOS BANOS
COLLEGE OF AGRICULTURE AND FOOD SCIENCE
College, Laguna

INSTITUTE OF CROP SCIENCE

UNDERGRADUATE STUDENT APPLICATION FORM

2 x 2
ID PHOTO

Student Number

Name: _____ Sex: _____ Religion: _____

Date of Birth: _____ Place of Birth: _____ Civil Status: _____

Present address: _____

Hometown: _____

E-mail(s): _____ Contact No.: _____

Person to be notified in case of emergency: _____
Contact No.: _____

EDUCATIONAL BACKGROUND:

	Institution	Date Attended	Degree/Honors
Elementary:	_____	_____	_____
Junior High School:	_____	_____	_____
Senior High School:	_____	_____	_____
Vocational Training:	_____	_____	_____
College:	_____	_____	_____

PRESENT STATUS AT CAFS

Year Classification: _____ General Weighted Average: _____

Scholarship, (if any), and inclusive dates: _____

Family Annual or Monthly Gross Income: _____

Would you be applying for any scholarship? (Please check) ☐ Yes ☐ No

MAJOR FIELD OF INTEREST: (Please check) ☐ AGRONOMY ☐ HORTICULTURE

Choose any one of the field of specialization in the Institute of Crop Science.

Agronomy

- ☐ Plant Breeding
☐ Crop Production and Management
☐ Seed Science Technology

Horticulture

- ☐ Plant Breeding
☐ Crop Production and Management
☐ Crop Physiology
☐ Postharvest Science
☐ Landscaping

Membership in honor societies, academic/socio-civic student organizations, fraternities, sororities etc.

Plan of work (option) to meet major requirements (select any one of the following):

- ☐ Undergraduate Thesis and Practicum ¹ (150 hrs)
☐ Major Practice ¹ (240 hrs) and Special Problems

Briefly state the reason why you want to follow the option you have indicated above

Preferred Thesis/Major Practice topic:_____

After graduation, what type of job do you expect to have?

I hereby affirm that all information supplied herein is complete and accurate. Withholding or giving false information will make me ineligible for admission or subject to disapprove. If admitted, I agree to abide by the policies, rules and regulations of the University of the Philippines Los Baños.

Applicant's Signature

Date

RECOMMENDING APPROVAL:

Undergraduate Admission and Registration Committee

Date

NAME OF ADVISER:

Date

APPROVED:

DR. EUREKA TERESA M. OCAMPO
Director - Institute of Crop Science

Date

NOTE: This application form should be accompanied by a *certified copy* of grades in all courses taken (checklist) and two 2 x 2 recent ID photograph.

¹ Farm Practice, Research Internship, Extension & Community, Teaching, Entrepreneurship

UNIVERSITY OF THE PHILIPPINES LOS BANOS
INSTITUTE OF CROP SCIENCE

BACHELOR OF SCIENCE IN AGRICULTURE
PLAN OF COURSE WORK*

Name _____ Student no. _____ Classification _____

Major HORTICULTURE Area of Specialization _____

Probable Date of Graduation _____ MID YEAR / SEMESTER - AY 20 _____ - 20 _____

COURSE AND NUMBER

<u>Major Core Courses:</u>	<u>Descriptive Title</u>	<u>Units</u>
Crop Science 101	Tropical Annual Crops Production and Management	3
Crop Science 102	Tropical Perennial Crops Production and Management	3
Crop Science 105	Principles of Plant Breeding	3
Horticulture 104	Plant Propagation and Nursery Management	3
Horticulture 180	Postharvest Handling and Storage of Perishable Crops	3
Hort 132 / Bot 132	Plant Growth	3
Crop Science 199	Undergraduate Seminar	(1)

<u>Special Field Courses:</u>	<u>Descriptive Title</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Electives:</u>	<u>Descriptive Title</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

[] Hort 200 and Hort 198	Undergraduate Thesis and Practicum	9
[] Hort 200a and Hort 190	Major Practice and Special Problems	9
TOTAL		42

APPROVED: _____, 20 _____
Adviser

_____, 20 _____
EUREKA TERESA M. OCAMPO.
Director

NOTED: _____, 20 _____
SHERRY B. MARASIGAN
College Secretary

*As a guideline, the major field is composed of a total of 42 units which includes at least 18 units or MAJOR CORE COURSES, 12 units of SPECIAL FIELD COURSES, 6 units THESIS/MAJOR PRACTICE, 3 units PRACTICUM/SPECIAL PROBLEM and 3 units of ELECTIVES.

COURSE TIMETABLE

ACADEMIC YEAR		AY:			
FIRST SEMESTER		SECOND SEMESTER		MID YEAR	
COURSE NO.	UNITS	COURSE NO.	UNITS	COURSE NO.	UNITS
TOTAL UNITS		TOTAL UNITS		TOTAL UNITS	

ACADEMIC YEAR		AY:			
FIRST SEMESTER		SECOND SEMESTER		MID YEAR	
COURSE NO.	UNITS	COURSE NO.	UNITS	COURSE NO.	UNITS
TOTAL UNITS		TOTAL UNITS		TOTAL UNITS	

ACADEMIC YEAR		AY:			
FIRST SEMESTER		SECOND SEMESTER		MID YEAR	
COURSE NO.	UNITS	COURSE NO.	UNITS	COURSE NO.	UNITS
TOTAL UNITS		TOTAL UNITS		TOTAL UNITS	

ACADEMIC YEAR		AY:			
FIRST SEMESTER		SECOND SEMESTER		MID YEAR	
COURSE NO.	UNITS	COURSE NO.	UNITS	COURSE NO.	UNITS
TOTAL UNITS		TOTAL UNITS		TOTAL UNITS	

NOTED:

NOTED:

Major Adviser

Chairperson, Undergraduate Admission and Registration Committee