



VISAYAS
STATE UNIVERSITY

**OFFICE OF THE
VICE PRESIDENT FOR
ACADEMIC AFFAIRS**

17 September 2024

MEMORANDUM NO. 33

Series of 2024

T O : All College Deans, Director of Academic Affairs, Department Heads

R E : Updating of the Submitted Proposal to Revise a Degree Program

As a continuation of the University Curriculum and Instruction Review conducted last year (2023) and as part of the Quality Procedure to Revise, Review, and Approval of Existing Curricular Programs (PM-VPA-02) v.1 11-28-2023, please **submit an UPDATED PROPOSAL based on the FINAL REVISED COURSE CHECKLIST** that was submitted to Instruction and Evaluation Office (IEO) as of September 9, 2024. In addition, for degree programs that are offered across VITA campus, only one proposal will be submitted per degree program.

The University Curriculum Committee (UCC) will schedule a series of meetings related to this matter starting next week. After the meetings, the UCC will endorse it to the UAC for presentation.

Anent to this, please submit your updated proposal **on or before September 24, 2024 (Thursday)** to IEO.

Attached is the proposal template for your reference.

Thank you for your usual cooperation.

ROTACIO S. GRAVOSO, PhD
Vice President for Academic Affairs

**OFFICE OF THE VICE PRESIDENT
FOR ACADEMIC AFFAIRS**

Visayas State University, Visca Baybay City, Leyte
Email: ovpaa@vsu.edu.ph
Website: www.vsu.edu.ph
Phone: +63 53 565 0600 Local 1003



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No. 33



College of _____
Department of _____

I. TITLE : PROPOSAL TO **REVISE** BACHELOR OF _____ IN
THE VISAYAS STATE UNIVERSITY *(SPECIFY CAMPUS IF
TO BE OFFERED IN ONE CAMPUS ONLY)*

II. RATIONALE

III. OBJECTIVES

- A. Cognitive
- B. Affective
- C. Psycho-motor

IV. ADMISSION REQUIREMENTS

V. GRADUATE PROFILE

VI. PROGRAM OUTCOMES

VII. COURSE SUMMARY

	No. of Units	
	CMO No. ____ s. 20____	This Proposal
Required Gen. Education courses		
Elective Gen. Education Courses		
Core Courses (if any)		
Required Major Courses		
Elective Major Courses		
Undergraduate Thesis		
Total No. of Units:		

VIII. SCHEDULE OF COURSE OFFERINGS*

Proposed Revision

FIRST YEAR

1ST Semester

Course No.	Course Title	No. Hours		Prerequisite
		Lec	Lab	
				Total:

2ND Semester



UNIT NAME

Visayas State University, **PQWV+9R** Baybay City, Leyte
Email: **unitemail@vsu.edu.ph**
Website: **www.vsu.edu.ph**
Phone: +63 53 565 0600 Local **1010**

Course No.	Course Title	No. Hours		Prerequisite
		Lec	Lab	
				Total:

** continue until last semester of final year*

**number of copies depends on the number of committee members*

IX. COURSE DETAILS

Course No. and Title _____

Credit: _____

Prerequisite: _____

Course Description: _____

X. FACULTY PROFILE

Name of Faculty	Degree Finished	Field of Specialization	Courses to Handle

XI. LIBRARY HOLDINGS*

A. Books

Book Title	Author (s)	Publisher	Year of Publication	Edition

B. Journals

Name of Journal	Publisher	Year of Publication	Volume No. and Issue No.

C. Electronic Library Collections

Name of Collection	Title	Publisher	Year

Vision:
Mission:

A globally competitive university for science, technology, and environmental conservation.
Development of a highly competitive human resource, cutting-edge scientific knowledge and innovative technologies for sustainable communities and environment.

**other collections may be added*

XII. FACILITIES

A. Rooms

Room	No. of Rooms	Seating Capacity

- *other available rooms may be added*

B. Laboratory/Field Equipment and Materials

Equipment/Material	Quantity

CURRICULUM MAP

Summary of Revisions:

	Particulars	Existing	Proposed Revision	Remarks (if any)
1				