



APPLICATION FOR CHANGE OF ACADEMIC ADVISER

Date Accomplished: May 07, 2024

Student No.	Surname	First Name	Middle Name	Course & Yr.
22-1-00782	CORNICO	RODEL		BSA-2

From:

To:

ED ALLAN L. ALCOBER

Printed Name & Signature of Former
Academic Adviser

Printed Name & Signature of
New Academic Adviser

Reason(s) for change of academic adviser:

*Because its better to change ^{new} adviser who can
better align with your aspirations.*

Signature of Student

Recommending Approval:

DIONESIO M. BAÑOC

Printed Name & Signature
of Former Department Head

Printed Name & Signature
of New Department Head

Approved:

VICTOR B. ASIO

College Dean

Date: _____

Noted:

HOMER LOIS P. NAPOLES

OIC, University Registrar

Distribution of Copies: Student, Adviser, College, Registrar



DEPARTMENT OF AGRONOMY

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