



**REQUEST FORM FOR CHANGING DEGREE PROGRAM OR MAJOR FIELD**

Student Number : 22-1-00808

Name of Student : LOUTA C. LUFRANGCO

**FROM:**

Current Degree

Program: BACHELOR OF SCIENCE

Major Field: CHEMISTRY

**TO:**

Desired Degree

Program: BACHELOR OF SCIENCE

Major Field: AGRI-BUSINESS

Effective [ ] 1<sup>st</sup> Sem. [ ] 2<sup>nd</sup> Sem. [ ] Summer,  
A.Y. \_\_\_\_ - \_\_\_\_

Reason(s) for Changing:

BSchem course is not my first choice, so it is hard for me to continue the course.

**Recommending Approval:**

MR. MANOLO B. LORETO

Dean of Students

Date: \_\_\_\_\_

DR. ELIZABETH S. QUEVEDO

Department Head

Current Program/Major Field

Date: \_\_\_\_\_

Department Head

Desired Program/Major Field

Date: \_\_\_\_\_

**Change of Academic Adviser:**

**From:**

MR. YSSAKHAB A. SALAS

Printed Name & Signature of Former  
Academic Adviser

Date: 03-14-2023

**To:**

Printed name & Signature of New  
Academic Adviser

Date: \_\_\_\_\_

**Approved:**

College Dean

Desired Program

Date: \_\_\_\_\_

*\*For Component Colleges the Director/Head of Student Affairs will sign in lieu of the Dean of Students  
This form should be filled up in 4 copies: 1-Registrar, 1-ODS, 1-Department, 1-Student*



**REQUEST FORM FOR CHANGING DEGREE PROGRAM OR MAJOR FIELD**

Student Number : 22-1-01134

Name of Student : ARMANDO O. LOZARDO JR.

**FROM:**

**TO:**

Current Degree

Program: BACHELOR OF SCIENCE

Major Field: CHEMISTRY

Desired Degree

Program: BACHELOR OF SCIENCE

Major Field: MATHEMATICS

Effective [ ] 1<sup>st</sup> Sem. [ ] 2<sup>nd</sup> Sem. [ ] Summer ,  
A.Y. \_\_\_\_ - \_\_\_\_

Reason(s) for Changing:

UNSTABLE PLAN IN CHOSEN COURSE

**Recommending Approval:**

MR. MANDO D. LORETO

Dean of Students

Date: \_\_\_\_\_

DR. ELIZABETH S. QUEVEDO

Department Head

Current Program/Major Field

Date: \_\_\_\_\_

MR. EUSEBIO R. LINAT JR.

Department Head

Desired Program/Major Field

Date: \_\_\_\_\_

**Change of Academic Adviser:**

**From:**

**To:**

MR. YSMAEL A. SALAS

Printed Name & Signature of Former  
Academic Adviser

Date: 03-14-2023

Printed name & Signature of New  
Academic Adviser

Date: \_\_\_\_\_

**Approved:**

College Dean

Desired Program

Date: \_\_\_\_\_

*\*For Component Colleges the Director/Head of Student Affairs will sign in lieu of the Dean of Students  
This form should be filled up in 4 copies: 1-Registrar, 1-ODS, 1-Department, 1-Student*