



APPLICATION FOR CHANGE OF ACADEMIC/THESIS ADVISER

Date Accomplished: July 24, 2023

Student No.	Surname	First Name	Middle Name	Course & Yr.
20-1-00715	CAGABHION	ROMEO	BAUTISTA	BSA-2

From:

L. S. Cagande
LOREME S. CAGANDE

Printed Name & Signature of Former
Academic Adviser

To:

Printed Name & Signature of
New Academic/Thesis Adviser

Reason(s) for change of academic adviser:

Desired course (Agricultural Extension).

[Signature]
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:

MARWEN A. CASTAÑEDA

University Registrar

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