



**APPLICATION FOR CHANGE OF ACADEMIC/THESIS ADVISER**

Date Accomplished: May 26, 2023

Student No.	Surname	First Name	Middle Name	Course & Yr.
21-1-01130	Austria	Marivel	I.	BSA-2

**From:**

**ERNESTO F. BULAYOG**

Printed Name & Signature of Former  
Academic Adviser

**To:**

\_\_\_\_\_  
Printed Name & Signature of  
New Academic/Thesis Adviser

Reason(s) for change of academic adviser:

To align with my major and thesis advisorship.

**MARIVEL I. AUSTRIA**

Signature of Student

**Recommending Approval:**

**ZYRA MAY H. CENTINO**

Printed Name & Signature  
of Former Department Head

**ROSARIO SALAS**

Printed Name & Signature  
of New Department Head

**Approved:**

**VICTOR B. ASIO**

College Dean

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

**Noted:**

**MARWEN A. CASTANEDA**

University Registrar

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