



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

Student Number : 20-1-00387

Name of Student : Ken Alphonse Brian M. Quirol *Ken*

**FROM:**

Current Degree

Program: BS - Biotechnology

Major Field: \_\_\_\_\_

**TO:**

Desired Degree

Program: BS - Development Communication

Major Field: \_\_\_\_\_

Effective [ ] 1<sup>st</sup> Sem. [ ] 2<sup>nd</sup> Sem. [ ] Summer ,  
A.Y. 21 - 22

Reason(s) for Changing:

BS DevCom provides the necessary information and skills to be utilized in <sup>my</sup> future endeavors.

**Recommending Approval:**

\_\_\_\_\_  
Dean of Students

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

\_\_\_\_\_  
Department Head

Current Program/Major Field

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

\_\_\_\_\_  
Department Head

Desired Program/Major Field

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

**Change of Academic Adviser:**

**From:**

**To:**

\_\_\_\_\_  
Printed Name & Signature of Former  
Academic Adviser

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

\_\_\_\_\_  
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*