




APPLICATION FOR CHANGE OF ACADEMIC/THESIS ADVISER

Date Accomplished: May 23, 2023

Student No.	Surname	First Name	Middle Name	Course & Yr.
21-1-02760	GONOS	NOE		BSA-2

From:



RUTH O. ESCASINAS
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 my field of specialization (Animal Science).



Signature of Student

Recommending Approval:


RUTH O. ESCASINAS
Printed Name & Signature
of Former Department Head

MANUEL D. GACUTAN
Printed Name & Signature
of New Department Head

Approved:

VICTOR B. ASIO
College Dean
Date: _____

Noted:

MARWEN A. CASTAÑEDA
University Registrar

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