



APPLICATION FOR CHANGE OF ACADEMIC/THESIS ADVISER

Date Accomplished:

Student No.	Surname	First Name	Middle Name	Course & Yr.
18-1-01898	ESCORO	RODRIGO	ROSALES	BSA-4

From:

DEEJAY M. LUMANAO
Printed Name & Signature of Former
Academic Adviser

To:

BERTA C. RATILLA
Printed Name & SignatuRe of
New Academic/Thesis Adviser

Reason(s) for change of academic adviser:

Change of major course.


Signature of Student

Recommending Approval:

SUZETTE B. LINA
Printed Name & Signature
of Former Department Head

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

Approved:

VICTOR B. ASIO
College Dean
Date: _____

Noted:

MARWEN A. CASTAÑEDA
University Registrar

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