

## APPLICATION FOR CHANGE OF ACADEMIC/THESIS ADVISER

Date Accomp	is	hed	
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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.

**Recommending Approval:** 

Signature of Student

**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

Distribution of Copies: Student, Adviser, College, Registrar

Vision: Mission: A globally competitive university for science, technology, and environmental conservation. Development of a highly competitive human resource, cutting-edge scientific knowledge and innovative technologies for sustainable communities and environment.

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