



APPLICATION FOR CHANGE OF ACADEMIC/THESIS ADVISER

Date Accomplished _____

Student No.	Surname	First Name	Middle Name	Course & Yr.
18-1-01438	ROMBLON	RHECHILLE	PABUAYA	BSA-3

From:

KENNETH ORAIZ

Printed Name & Signature of Former
Academic Adviser

To:

MANNYLEN A. MERIOLES
Printed Name & Signature of
New Academic/Thesis Adviser

Reason(s) for change of academic adviser:

Supervision for the selected specialization.

JSH
Signature of Student

Recommending Approval:

SUZETTE B. LINA

Printed Name & Signature
of Former Department Head

ELVIRA L. OCLARIT

Printed Name & Signature
of New Department Head

Approved:

VICTOR B. ASIO
College Dean

Date: _____

Noted:

MARWEN A. CASTAÑEDA
University Registrar

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