



APPLICATION FOR CHANGE OF ACADEMIC/THESIS ADVISER

Date Accomplished _____

Student No.	Surname	First Name	Middle Name	Course & Yr.
19-1-02292	ASPIRIN	JUD-VEE	VARON	BSA-3

From:

WARREN D. SOME
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 CHOSEN MAJOR

[Signature]
Signature of Student

Recommending Approval:

MANUEL D. GACUTAN, JR.
Printed Name & Signature
of Former Department Head

Printed Name & Signature
of New Department Head

Approved:

VICTOR B. ASIO
College Dean
Date: _____

Noted:

MARWEN A. CASTAÑEDA
University Registrar

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