



APPLICATION FOR CHANGE OF ACADEMIC/THESIS ADVISER

Date Accomplished: August 11, 2022

Student No.	Surname	First Name	Middle Name	Course & Yr.
20-1-00746	CASIDO	ARNEL	RESMA	BSA-3

From:

ED ALLAN L. ALCOBER
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 with my thesis advisership and major.

Signature of Student

Recommending Approval:

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

MILAGROS C. BALES
Printed Name & Signature
of New Department Head

Approved:

VICTOR B. ASIO
College Dean

Date: _____

Noted:

MARWEN A. CASTAÑEDA
University Registrar

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