



APPLICATION FOR CHANGE OF ACADEMIC/THESIS ADVISER

Date Accomplished: June 26, 2023

Student No.	Surname	First Name	Middle Name	Course & Yr.
21-1-00383	HALLERA	ANGELICA	Delos Reyes	BSA-2

From:

NELLO D. GORNE

Printed Name & Signature of Former
Academic Adviser

To:

Printed Name & Signature of
New Academic/Thesis Adviser

Reason(s) for change of academic adviser:

Decide course.

Signature of Student

Recommending Approval

DIONESIO M. BAÑOC

Printed Name & Signature
of Former Department Head

Approved:

Printed Name & Signature
of New Department Head

VICTOR B. ASIO

College Dean

Date: _____

Noted:

MARWEN A. CASTAÑEDA

University Registrar

Distribution of Copies: Student, Adviser, College, Registrar