



NOMINATION OF GRADUATE ADVISORY COMMITTEE

Name: MORBOS, DARLYN KRISTINE E. Degree Sought: MASTER OF SCIENCE (Family Name, First Name, Middle Initial)				
Major: AGRONOMY Minor/Cognate(s): AGRICULTURAL EXTENSION				ICULTURAL EXTENSION
I HEREBY nominate the following as members of my Graduate Advisory Committee:				
Chairman: Member: Member: Member:	BERTA C. RATILI ED ALLAN L. ALC AIZA C. ORACIOI N/A	COBER N	representing:	Agronomy Agricultural Extension N/A
Signature of Student Date: Feb			ruary 4, 2022	
WE HEREBY affix our signatures to indicate our willingness to serve as members of the Graduate Advisory Committee for Morbos, Darlyn Kristine E.				
Chairman:			Date:	
Member:			Date:	
Member:			Date:	
Member:				Date:
Recommending Approval:			Approved:	
ULYSSES A. CAGASAN Head, Major Department				ANABELLA B.TULIN Dean, Graduate School Date:
Verified:				
CATHERINE OF Secretary, Gra				
*Distribution of copies: Committee members, Graduate Student, Registrar, Major Department, Graduate School				

^{*} Indicate N/A or NONE for fields not applicable