




**APPLICATION FOR CHANGE OF ACADEMIC ADVISER**

Date Accomplished July 28, 2025

Student No.	Surname	First Name	Middle Name	Course & Yr.
23-1-00274	RAMOS	WENDEL	S.	BSA-III

**From:**


  
**BABYLYN C. LAMBERT**  
Printed Name & Signature of Former  
Academic Adviser

**To:**


\_\_\_\_\_  
Printed Name & Signature of  
New Academic Adviser

Reason(s) for change of academic adviser:

Change of major to Agronomy.

  
**WENDEL S. RAMOS**  
Signature of Student

**Recommending Approval:**

  
**LEMUEL S. PRECIADOS**  
Printed Name & Signature  
of Former Department Head

\_\_\_\_\_  
Printed Name & Signature  
of New Department Head

**Approved:**

**SUZETTE B. LINA**  
**Dean, FAFS**

Date: \_\_\_\_\_

**Noted:**

**RAYMUND IGCASAMA**  
University Registrar

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