



REQUEST FORM FOR CHANGING DEGREE PROGRAM OR MAJOR FIELD

Student Number : 20-1-00309

Name of Student : Pequit, Caren B.

FROM:

Current Degree Program: Bachelor of
Science in Nursing

TO:

Desired Degree Program: Bachelor of Science In
Food Technology
Effective [] 1st Sem. [/] 2nd Sem. [] Summer ,
A.Y. 2021 - 2022

Reason(s) for Changing:

I was advised to shift.

Recommending Approval:

PROF. MANOLO B. LORETO JR.

Dean of Students

Date: _____


JOEL REY U. JACOB

Department Head of Current Program

Date: 15 Feb 2022

DR. LORINA A. GALVEZ

Department Head of Desired Program

Date: _____

Change of Academic Adviser:

From:


CIEDELLE HONEY LOU GAPASIN

Printed Name & Signature of Former

Academic Adviser

Date: 2/15/2022

To:

Printed name & Signature of New

Academic Adviser

Date: _____

Approved:

DR. VICTOR ASIO

College Dean of the Desired Program

Date: _____