



**APPLICATION FOR CHANGE OF ACADEMIC/THESIS ADVISER**

Date Accomplished \_\_\_\_\_

Student No.	Surname	First Name	Middle Name	Course & Yr.
21-1-02606	GRANADA	MARISSA	U	BSA-2

**From:**

BERTA C. RATILLA  
Printed Name & Signature of Former  
Academic Adviser

**To:**

ZENAIDA C. GONZAGA  
Printed Name & Signature of  
New Academic/Thesis Adviser

Reason(s) for change of academic adviser:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

**Recommending Approval:**

DIONESIO M. BAÑOC  
Printed Name & Signature  
of Former Department Head

ROSARIO A. SALAS  
Printed Name & Signature  
of New Department Head

**Approved:**

VICTOR B. ASIO  
College Dean  
Date: \_\_\_\_\_

**Noted:**

MARWEN A. CASTAÑEDA  
University Registrar

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