




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


Date Accomplished: May 19, 2023

Student No.	Surname	First Name	Middle Name	Course & Yr.
21-1-00461	GUIRINDOLA	REYNO VICENTE	SEVILLENA	BSA-2

From:


  
NELLO D. GORNE  
Printed Name & Signature of Former  
Academic Adviser

To:


  
RODEN D. TROYO  
Printed Name & Signature of  
New Academic/Thesis Adviser

Reason(s) for change of academic adviser:

To align my chosen field of specialization which is Horticulture.

  
Signature of Student

**Recommending Approval:**

  
RUTH O. ESCASINAS  
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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