



APPLICATION FOR CHANGE OF ACADEMIC ADVISER

Date Accomplished 5-27-25

Student No.	Surname	First Name	Middle Name	Course & Yr.
23-1-00586	Gabon	Jessalyn	Gabrinting	BSA-2

From:

CATHERINE C. ARRADAZA
Printed Name & Signature of Former
Academic Adviser

To:

MICHELLE AUDREY D. CADARIE
Printed Name & Signature of
New Academic Adviser

Reason(s) for change of academic adviser:

Because my current academic adviser is not related to my
desired major

JESSALYN G. GABON
Signature of Student

Recommending Approval:

ALJAY VALIDA
Printed Name & Signature
of Former Department Head

LEMUEL S. PRECIADOS
Printed Name & Signature
of New Department Head

Approved:

SUZETTE B. LINA
College Dean
Date: 5-25-27

Noted:

University Registrar

Distribution of Copies: Student, Adviser, College, Registrar

