



**APPLICATION FOR CHANGE OF ACADEMIC ADVISER**

Date Accomplished: December 17, 2024

| Student No. | Surname | First Name | Middle Name | Course & Yr.        |
|-------------|---------|------------|-------------|---------------------|
| 13-1-01895  | Ngoho   | Roxanne    | Dela Cruz   | BSA-4<br>(Agronomy) |

**From:**

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

**To:**

LUZ G. ASIO  
Printed Name & Signature of  
New Academic Adviser

Reason(s) for change of academic adviser:

Due to resignation of my former academic adviser.

Signature of Student

**Recommending Approval:**

LUZ G. ASIO  
Printed Name & Signature  
of Former Department Head

LUZ G. ASIO  
Printed Name & Signature  
of New Department Head

**Approved:**

SUZETTE B. LINA

College Dean

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

**Noted:**

RAYMUND M. IGCASAMA

University Registrar

*Distribution of Copies: Student, Adviser, College, Registrar*



**DEPARTMENT OF AGRONOMY**

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