



DEPARTMENT OF AGRONOMY

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APPLICATION FOR CHANGE OF ACADEMIC/THESIS ADVISER

Date Accomplished JULY 6, 2023

Student No.	Surname	First Name	Middle Name	Course & Yr.
Otadent No.	Carrianic	Thot Humo	madic Hamo	oodioo a iii
21-1-01558	JORDAN	CHRISTINE ANN	R.	BSA-2
Printed N	ALLAN L. ALCOBER lame & Signature of Former cademic Adviser		ted Name & Signati Academic/Thesis A	
Reason(s) for ch	ange of academic adviser:			
CHANGE OF MA	AJOR FIELD			
			Signature of Stu	udent
Recommending Approval:				
DIONESIO M. Printed Name & of Former Depart	Signature			
MANUEL D. G Printed Name of New Departm	& Signature		VICTOR B. ASIO College Dean	
Noted:			Date:	

MARWEN A. CASTAÑEDA University Registrar

Distribution of Copies: Student, Adviser, College, Registrar

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