

OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS

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REQUEST FORM FOR CHANGING DEGREE PROGRAM OR MAJOR FIELD

Student Number : <u>21-1-01585</u> Name of Student : <u>Aznar, Patricia Ilka S.</u>	
Science in Agriculture (BSA)	sired Degree Program: Doctor of Veterinary Medicine ective []1 st Sem.[X]2 nd Sem.[]Summe /2122
Reason(s) for Changing: My first course was Veterinary Medicine and I would like to continue	
Recommending Approval:	
MANOLO B. Dean of S Date: Fe	LORETO tudents
VICTOR B. ASIO Department Head of Current Program Date:	SANTIAGO T. PEÑA Department Head of Desired Program Date:
Change of Academic Adviser:	
From: To:	v e
VICTOR B. ASIO Printed Name & Signature of Former Academic Adviser Date:	Printed name & Signature of New Academic Adviser Date:
Approved:	
SANTIAGO College Dean of the	

This form should be filled up in 4 copies: 1-Registrar, 1-USSO, 1-Department, 1-Student