



APPLICATION FOR CHANGE OF ACADEMIC/THESIS ADVISER

Date Accomplished: June 06, 2023

Student No.	Surname	First Name	Middle Name	Course & Yr.
21-1-000472	LICAÑA	ALJUN	LAURENTE	BSA-2

From:

L. S. Cagande
LOREME S. CAGANDE

Printed Name & Signature of Former
Academic Adviser

To:

Printed Name & Signature of
New Academic/Thesis Adviser

Reason(s) for change of academic adviser:

To align my field of specialization.

[Signature]
Signature of Student

Recommending Approval:

[Signature]
DIONESIO M. BAÑOC
Printed Name & Signature
of Former Department Head

MANUEL D. GACUTAN
Printed Name & Signature
of New Department Head

Approved:

VICTOR B. ASIO
College Dean

Date: _____

Noted:

MARWEN A. CASTAÑEDA
University Registrar

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