(Updated Feb			
	Mindana	<b>c of the Philipp ao State Univer</b> TITUTE OF TEC Iligan City	rsity
	OFFICE O	F GRADUATE	STUDIES
	REQUEST FOR CHAN	GE OF ADVISE	ER / PANEL MEMBER
	□_DISSERTATION		
			Date:
Name:		D	egree:
	ncurred in (please affix sig	nature above p	rinted name):
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Adviser / Pa	ncurred in (please affix sig	nature above p	rinted name):
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Adviser / Pa	ncurred in (please affix sig anel Member to be replace	nature above p	rinted name):
Adviser / Pa Reason(s) f Requested	ncurred in (please affix sig anel Member to be replace for replacement:	nature above p	