



Republic of the Philippines
CENTRAL LUZON STATE UNIVERSITY
 Science City of Muñoz, Nueva Ecija

CLSU Distance, Open, & Transnational University

REQUEST FOR CHANGE OF MEMBER OF ADVISORY/ GUIDANCE COMMITTEE

Date: _____

Name: _____ Degree Sought: _____

Major: _____ Minor/Cognate: _____

Adviser/member(s) to be replaced	Signature
1. _____	_____
2. _____	_____
3. _____	_____

Proposed new adviser/member(s)	Signature
1. _____	_____
2. _____	_____
3. _____	_____

Reason(s) for replacement _____

RECOMMENDING APPROVAL:

APPROVED:

 Committee Chairperson/Adviser
 or Chairperson of Major Dept.

 Dean

 Date

 Date

NOTED:

 Chairperson, Dept. of _____
 Date: _____

**In case committee chair/adviser is to be replaced*