



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*