



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

CLSU Distance, Open, & Transnational University

REQUEST FOR CHANGE OF STUDY PROGRAM

Name: _____ Date _____

 _____ (Last Name) _____ (First Name) _____ (Middle Name)
 Degree sought: _____ Expected Date of Graduation: _____
 Major: _____ Minor: _____

| Code Number and Title | Course(s) to be Changed | | Units |
|-----------------------|-------------------------|---------------|-------|
| | | Semester/Year | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| Code Number and Title | Proposed New Course(s) | | Units |
|-----------------------|------------------------|---------------|-------|
| | | Semester/Year | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Reasons: _____

RECOMMENDING APPROVAL:

Chairperson, Advisory Committee: _____
 _____ (Signature Over Printed Name)
 Members: _____
 _____ (Signature Over Printed Name) _____ (Signature Over Printed Name)
 _____ (Signature Over Printed Name) _____ (Signature Over Printed Name)

NOTED:

 (Signature Over Printed Name)
 Chairperson, Dept. of _____

APPROVED:

 DEAN