



Revision No.	Effective Date	Page No.
00	02.20.2020	1 of 2
Document Code No.		
FM-MS U-IIT-A CAD-01 8		

**MINDANAO STATE UNIVERSITY
ILIGAN INSTITUTE OF TECHNOLOGY**

OF

MEMBER

**REQUEST FOR CHANGE
ADVISER / PANEL**

- DISSERTATION THESIS
- SPECIAL PROJECT
-

Date: _____

Name : _____ Degree: _____

Change concurred in (please affix signature above printed name):

Adviser / Panel Member to be replaced:

Proposed Adviser / Panel Member:

Reason(s) for replacement:

Requested by:

Student

RECOMMENDING APPROVAL:

Department Chairperson

Department Graduate Program Coordinator

College Graduate Coordinator

APPROVED:



Revision No.	Effective Date	Page No.
00	02.20.2020	2 of 2
Document Code No.		
FM-MS U-IIT-A CAD-01 8		

**MINDANAO STATE UNIVERSITY
ILIGAN INSTITUTE OF TECHNOLOGY**

College Dean

Distribution:

**Panel Members
Program Coordinator
College Coordinator
College Dean**