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Appendix A. Application for Change of Study

UNIVERSITY OF SOUTHERN MINDANAO



Karacan, Cotabato

Philippines

College
Seal

APPLICATION FOR CHANGE OF STUDY

Date: _____

(NAME) _____

Chairperson, Department of _____

Sir/Madam:

I would like to request your office to allow me to change my research study with title
" _____
_____ " to " _____
_____ ".

The following are the reasons for the change:

- 1.
- 2.
- 3.

Very truly yours,

Printed Name and Signature of Student

NOTED	
_____ Adviser	_____ Date
_____ Department Research Coordinator	_____ Date
_____ College Research Coordinator REMARKS: _____	_____ Date
APPROVED	
_____ Department Chairperson	_____ Date