

Name: _____

Date: _____

Student #: _____

Degree Program: _____

REQUEST FOR CHANGE IN THE APPROVED THESIS PROPOSAL

SPECIFY: Title Objectives Methodology others

FROM: _____

TO: _____

Reason: _____

Student's signature

Approved*: _____
 Adviser

Panel member

Panel member

Recorded: **NOREEN GRACE V. FUNDADOR, PhD**
 College Secretary

Name: _____

Date: _____

Student #: _____

Degree Program: _____

REQUEST FOR CHANGE IN THE APPROVED THESIS PROPOSAL

SPECIFY: Title Objectives Methodology Others

FROM: _____

TO: _____

Reason: _____

Student's signature

Approved*: _____
 Adviser

Panel member

Panel member

Recorded: **NOREEN GRACE V. FUNDADOR, PhD**
 College Secretary