



Appendix A. Application for Change of Research Adviser

	UNIVERSITY OF SOUTHERN MINDANAO Kabacan, Cotabato Philippines	
APPLICATION FOR CHANGE OF THESIS ADVISER		

Date: _____

_____ (Name of Proposed Adviser)

Department of _____

College of _____

USM, Kabacan, Cotabato

Sir / Madam:

I would like to request for change of thesis adviser for the following reasons:

_____.

I am hoping for your favorable approval on this request. Thank you very much.

Very truly yours,

Printed Name and Signature of Student

RECOMMENDING APPROVAL	NOTED
_____ Department Research Coordinator _____ Date	_____ Department Chairperson _____ Date
APPROVED	CONFORME
_____ Adviser (New)	_____ Adviser (Old)

<div><div></div><div>Date</div></div>	<div><div></div><div>Date</div></div>
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