VISAYAS STATE UNIVERSITY

GRADUATE EDUCATION

REQUEST FOR CHANGE IN MEMBERSHIP OF GRADUATE ADVISORY COMMITTEE

Name:_____ Signature: _____Date: _____
Degree Sought: _____
Minor/Cognate(s):_____

Name and Signature of Member(s) to be Changed	Name and Signature of New Member(s)
_____	_____
_____	_____
_____	_____
_____	_____

Reason(s) for changing: _____
_____

Verified:

_____
Student Records in Charge

Recommending Approval:

_____
Head, Major Department
Date: _____

Approved:

_____
Director, Graduate Education
Date: _____

_____
**Distribution of copies: Graduate Student, Major Department, Graduate Education*

GRADUATE EDUCATION
Visayas State University PQWW+JQ Baybay City, Leyte
Email: gs@vsu.edu.ph
Website: www.vsu.edu.ph/gs
Phone: +63 53 565 0600 Local 1062