

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*



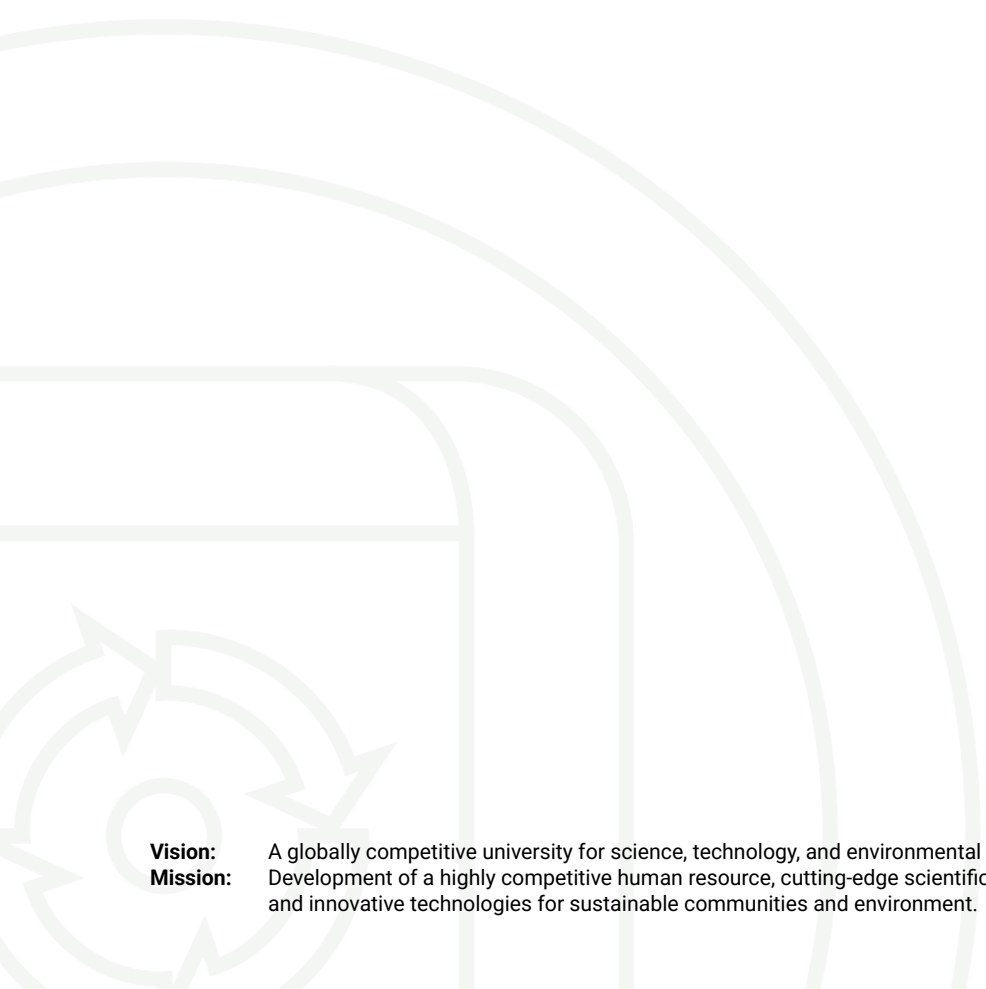
GRADUATE EDUCATION

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Vision: A globally competitive university for science, technology, and environmental conservation.
Mission: Development of a highly competitive human resource, cutting-edge scientific knowledge and innovative technologies for sustainable communities and environment.