



SGS Form 2
(Updated Feb. 2008)

**Republic of the Philippines
Mindanao State University
ILIGAN INSTITUTE OF TECHNOLOGY
Iligan City**

OFFICE OF GRADUATE STUDIES

REQUEST FOR CHANGE OF ADVISER / PANEL MEMBER

DISSERTATION THESIS SPECIAL PROJECT

Date: _____

Name: _____ Degree: _____

Change concurred in (please affix signature above printed name):

Adviser / Panel Member to be replaced:

Proposed Adviser / Panel Member:

Reason(s) for replacement:

Requested by:

_____ Student

Recommending Approval:

Approved:

_____ Program/College Coordinator

_____ Dean, School of Graduate Studies

- Distribution:
- Program Coordinator
- College Coordinator
- SGS Coordinator
- Dean