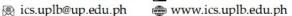


## COLLEGE OF ARTS AND SCIENCES

## UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

1/F Wing C Physical Sciences Bldg., Harold Cuzner Royal Palm Ave. College 4031, Laguna, Philippines

Phone +63 49 536 2313 Felefax +63 49 536 2302





## INSTITUTE OF COMPUTER SCIENCE

## REQUEST FOR CHANGE IN REGISTRATION/SP ADVISER **BACHELOR OF SCIENCE IN COMPUTER SCIENCE**

| Name:                             |                                       |             |      |
|-----------------------------------|---------------------------------------|-------------|------|
| 01 1 1 1 1                        |                                       |             |      |
| Previous Registration/SP Adviser: |                                       |             |      |
| New Registration Adviser:         |                                       |             |      |
| luctification:                    |                                       |             |      |
|                                   |                                       |             |      |
|                                   |                                       |             |      |
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|                                   |                                       |             |      |
|                                   |                                       |             |      |
|                                   | Printed Name and Signature of Student |             | Date |
|                                   |                                       |             |      |
|                                   |                                       |             |      |
| CONFORME:                         |                                       |             |      |
|                                   |                                       |             |      |
|                                   |                                       |             |      |
| Printed Name and Signature of     | Date                                  | <del></del> |      |
| Previous Registration/SP Adviser  | Date                                  |             |      |
|                                   |                                       |             |      |
|                                   |                                       |             |      |
|                                   |                                       | <u></u>     |      |
| Printed Name and Signature of     | Date                                  |             |      |
| New Registration/SP Adviser       |                                       |             |      |
|                                   |                                       |             |      |
|                                   |                                       |             |      |
| Recommending Approval:            |                                       |             |      |
|                                   |                                       |             |      |
|                                   |                                       |             |      |
| Jaderick P. Pabico                | Date                                  | <del></del> |      |
| Director, ICS                     | Date                                  |             |      |
|                                   |                                       |             |      |
| APPROVED/DISAPPROVED:             |                                       |             |      |
|                                   |                                       |             |      |
|                                   |                                       |             |      |
|                                   |                                       | <u></u>     |      |
| College Secretary, CAS            | Date                                  |             |      |
| (For the Dean)                    |                                       |             |      |