



COLLEGE OF ARTS AND SCIENCES
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

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INSTITUTE OF COMPUTER SCIENCE

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

Name: _____

Student Number: _____

Previous Registration/SP Adviser: _____

New Registration Adviser: _____

Justification:

Printed Name and Signature of Student

Date

CONFORME:

Printed Name and Signature of
Previous Registration/SP Adviser

Date

Printed Name and Signature of
New Registration/SP Adviser

Date

Recommending Approval:

Director, ICS

Date

APPROVED/DISAPPROVED:

College Secretary, CAS
(For the Dean)

Date