



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