



OFFICE OF THE GRADUATE SCHOOL
REQUEST FOR A PREFERRED THESIS ADVISER

Date

Director, Graduate School
Southern Leyte State University

Madame:

May I request for the approval of one of the following instructors/professors as my Thesis Adviser, namely:

Name:	Field of Specialization	Remarks
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Respectfully yours,

Name of Candidate

Program