

**BUKIDNON STATE UNIVERSITY**

Malaybalay City, Bukidnon 8700

Tel (088) 813-5661 to 5663; TeleFax (088) 813-2717, www.buksu.edu.ph

Educate
Innovate
Lead

College of Technologies**Academic Adviser Appointment Form****Part I. Student [To be completed by the Academic Advisor]**

Student No	<input type="text"/>	Name	<input type="text"/>
Student No	<input type="text"/>	Name	<input type="text"/>
Student No	<input type="text"/>	Name	<input type="text"/>
Student No	<input type="text"/>	Name	<input type="text"/>
Student No	<input type="text"/>	Name	<input type="text"/>
Program		Academic Year and Semester	
<input type="checkbox"/> BSIT <input type="checkbox"/> BSEMC <input type="checkbox"/> BSET <input type="checkbox"/> BSAT <input type="checkbox"/> BSFT		Academic Year	20 <input type="text"/> / 20 <input type="text"/> Semester <input type="text"/> 1st <input type="text"/> 2nd
Department	<input type="text"/>	Signature	<input type="text"/>
		Date	<input type="text"/>

Part II. Academic Adviser

Name	<input type="text"/>	Academic Title	<input type="checkbox"/> Instructor <input type="checkbox"/> Assist. Prof. <input type="checkbox"/> Assoc. Prof. <input type="checkbox"/> Prof.
Department	<input type="text"/>	Signature	<input type="text"/>
		Date	<input type="text"/>

Part III. Approval of the Department Chair

The mentioned member of the department has been appointed as the advisor for the student whose name is given above.

Department Chair <small>Title and Name</small>	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
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Part IV. Approval of the Dean

The department should inform the Dean by sending the approved form.

Dean <small>Title and Name</small>	<input type="text"/>	Signature	<input type="text"/>	Date Received	<input type="text"/>
NOTES	<input type="text"/>				<input type="text"/>