



INTEGRATIVE COURSE CHANGE OF TOPIC

SY/TERM	<input type="text"/>	THESIS <input type="checkbox"/>	CAPSTONE PROJECT <input type="checkbox"/>	PLANT DESIGN <input type="checkbox"/>	FEASIBILITY STUDY <input type="checkbox"/>
DATE	<input type="text"/>	OTHERS <input type="checkbox"/> _____			
TITLE	<input type="text"/>				

NAME OF STUDENT	STUDENT NUMBER	PROGRAM OF STUDY

DECLARATION OF CHANGE

TOPIC	TITLE
Former	
New	

REASONS FOR CHANGE

RECOMMENDING APPROVAL

ADVISER	<input type="text"/>	DATE	<input type="text"/>
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APPROVALS

COURSE COORDINATOR	<input type="text"/>	DATE	<input type="text"/>
PROGRAM CHAIR	<input type="text"/>	DATE	<input type="text"/>