



Benguet State University
OPEN UNIVERSITY
 La Trinidad, Benguet 2601, Telefax (074)309-2353
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NOMINATION OF GUIDANCE/ADVISORY COMMITTEE

Date: _____

Name: _____ Degree/Course: _____

Semester and Year Admitted: _____

Proposed research title: _____

I hereby nominate the following as members of my Guidance/Advisory Committee.

 Signature of Student and Date

Name and Signature of Advisory Committee

Degree and Field of Specialization

 Member

 Member

 Member

Recommending Approval:

 Chairperson/Adviser

Date

Approved:

 Director

Date