

Republic of the Philippines  
CENTRAL LUZON STATE UNIVERSITY  
Science City of Muñoz, Nueva Ecija

**OPEN UNIVERSITY  
REQUEST FOR APPROVAL OF SELECTED MEMBERS  
AND ADVISER OR GUIDANCE/ADVISORY COMMITTEE**

Date: .....

Name: ..... Degree Sought: .....  
Major: ..... Minor/Cognate: .....

**ADVISER AND MEMBERS OF ADVISORY COMMITTEE**

<i>Name</i>	<i>Department</i>	<i>Signature</i>	<i>Date</i>
Chairperson: .....	.....	.....	.....
Member: .....	.....	.....	.....
Member: .....	.....	.....	.....
Member: .....	.....	.....	.....
Member: .....	.....	.....	.....

**RECOMMENDING APPROVAL:**

**APPROVED:**

.....  
Chair, Department of .....

.....  
Director, OU

.....  
Date

.....  
Date