

Form No. 3

 	<p>AGO MEDICAL AND EDUCATIONAL CENTER Graduate School - Master of Science in Public Health Legazpi City</p>
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Request for Research/ Thesis Adviser

The Dean
Graduate School
AMEC
Legazpi City

Sir/Madam:

I, the undersigned, am currently enrolled in research/thesis this ___ semester, SY _____. As part of the requirement for MSPH is a thesis/research project. As such, my thesis/research proposal is entitled:

_____.

Related to this, is a list of names I propose to be my thesis/research adviser:

1. _____
2. _____
3. _____

Thank you.

Very truly yours,

Signature over the Printed Name of the Student

Student No. _____

Date: _____

(This portion will be accomplished by the Office of the Dean of Graduate School)

Action Taken by the Office of the Dean, Graduate School

_____ is recommended as your research/thesis adviser.

Dean - Graduate School

Date: _____