



School of Public Health
REQUEST TO CHANGE ADVISOR

STUDENT NAME _____

STUDENT ID _____

CURRENT ADVISOR NAME _____

PROPOSED ADVISOR NAME _____

CURRENT ADVISOR SIGNATURE

DATE

ACADEMIC PROGRAM DIRECTOR'S SIGNATURE

DATE

PROPOSED ADVISOR SIGNATURE

DATE

ASSOCIATE DEAN FOR ACADEMIC AFFAIRS

DATE

- Copied to:**
- Current Advisor
 - Proposed Advisor
 - Student
 - Student Files
 - Academic Program Director
 - Office of Academic Affairs