

## **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