



**CHANGE OF FACULTY ADVISOR
REQUEST FORM**

Date: _____

Student's Name: _____ Student ID: _____

Email: _____ Entry term (qtr/yr): _____

Degree Objective: _____ PhD _____ MS _____ BSMS

Current faculty advisor/co-advisor: _____

NOTE: It is your responsibility to inform your current faculty advisor that you are requesting to change advisor. Your signature below indicates you have notified your faculty advisor/co-advisor of this change.

Request to change my faculty advisor from: _____ to _____

Request to add a faculty co-advisor: _____

Request to change my faculty co-advisor from: _____ to _____

Other, please explain: _____

Justification for requesting change: _____

I have informed my current faculty advisor of my request to change to a new faculty advisor.

Student Signature Date

New faculty advisor and/or co-advisor approval: _____
Signature of Requested Faculty Advisor/Co-Advisor Date

Graduate Advisor Signature Date _____ Approve _____ Disapprove