

ADVISOR CHANGE FORM

Date: _____

Student Name: _____
(Please print)

Program: _____

I agree to the student's request for change of advisor:

Current Advisor (print name) _____ Signature

I accept the appointment as the student's new advisor:

New Advisor (print name) _____ Signature

APPROVED:

Program Director

Date

**PLEASE SUBMIT SIGNED AND DATED FORM TO
CONNIE OGLE (312D)**