

CHANGE OF ADVISOR REQUEST

Please return to the Graduate Student Services Office, 142 Education

Student Name: _____

UIN: _____ Email: _____

Student Degree Sought: _____ Student Department: _____

Current Advisor: _____

Proposed New Advisor: _____

Term Effective: _____

Approvals:

New Advisor: I agree to accept this student as my advisee:

Department Approval:
