

# 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 (312C)**