



Graduate Advisor Change Form

Student's Name: _____

Student ID Number: _____

Master Degree Program: _____

Advisor Change:

From: _____

To: _____

Comment(s):

Approvals:

Specialization Department Chair (if appropriate)

Date

Associate Dean (if appropriate)

Date

Graduate Dean

Date

Original: Student File
Copies: Student
Registrar's Office
Advisor

RETURN TO GRADUATE OFFICE