

**UNIVERSITY OF WISCONSIN  
Department of History**

**CHANGE OF PROFESSOR APPROVAL FORM**

Date\_\_\_\_\_

Student Name: \_\_\_\_\_

Current Advisor: \_\_\_\_\_

Proposed Advisor: \_\_\_\_\_

Current Semester \_\_\_\_\_

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Approved\_\_\_\_\_   
 (New Major Professor)

Approved\_\_\_\_\_   
 (Chair, Graduate Council)

Approved\_\_\_\_\_   
 (Chair, History Department)

Effective Semester \_\_\_\_\_

**If rejected, sign "REJECT", your name, and return to History Department.**