

## Change of Advisor Approval Form

*Email completed form to the Graduate Program Coordinator*

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Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

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

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

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

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

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\_\_\_\_\_  
Signature of New Major Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director of Graduate Studies

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

- Graduate Program Database
- Graduate Council Letter
- SIS