



GRADUATE STUDENT

CHANGE OF ADVISOR FORM

Revised: 07/2013

UMID: _____ Date: _____

Last Name: _____ First Name: _____

E-Mail: _____ Telephone: _____

Major: _____ Current Advisor: _____

Student Signature: _____

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New Advisor: _____ Effective Semester Beginning: _____

I agree to serve as advisor to: _____

New Advisor's Signature: _____

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Approved

Not Approved

Date: _____

Department Chair's Signature: _____

Comments: