



GRADUATE STUDENT

CHANGE OF ADVISOR FORM

Revised: 10/2020

UMID: _____ Date: _____

Last Name: _____ First Name: _____

E-Mail: _____ Telephone: _____

Major: _____ Current Advisor: _____

Student Signature: _____



Current Advisor Signature: _____

New Advisor: _____ Effective Semester Beginning: _____

I agree to serve as advisor to: _____

New Advisor's Signature:



Approved Not Approved Date: _____

Department Chair Signature: _____

Comments: