



CHANGE OF ADVISOR/DEGREE FORM

Student Information

STUDENT'S FULL NAME: _____

STUDENT ID: _____ CURRENT DEGREE: _____

SIGNATURE: _____ DATE: _____

Please complete the requested advisor information below and return this form to the Office of the Registrar with the signature of the new advisor.

Advisor Information

CURRENT ADVISOR'S FULL NAME: _____

NEW ADVISOR'S FULL NAME: _____

SIGNATURE: _____ DATE: _____

REASON FOR CHANGE: _____

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Please complete the degree information below and return to the Office of the Registrar. Only complete this portion if you are requesting a change of degree.

Degree Information

CURRENT DEGREE: _____

NEW DEGREE: _____

ADVISOR'S SIGNATURE: _____ DATE: _____

For internal office use only:

Processed by: _____ Date: _____