

PERMISSION TO CHANGE MAIN FACULTY ADVISOR

Student Name (please print): _____

Date: _____

The above student has requested to change their Main Advisor. Please indicate that you are aware of this change by signing below. The student is responsible for returning this completed form to the Graduate Office.

Name of Former Main Advisor (please print): _____

Signature: _____

Date: _____

Name of New Main Advisor (please print): _____

Signature: _____

Date: _____

Graduate Office signature: _____

Date: _____