DEPARTMENT OF CURRICULUM AND INSTRUCTION
Request for Change of Advisor

Student Name: _____
First Middle Last

UIN: _____

Degree being sought: ☐ M.A. ☐ M.S. ☐ Ed.M. ☐ Adv. Cert. ☐ Ed.D. ☐ Ph.D.

Instructions:

- Obtain the signatures of your current advisor and your requested new advisor where indicated.
- Return signed form to the Department of Curriculum and Instruction at 311 Education.

Request:

I request a change in advisor from _____ to
(print current advisor's name)

_____ effective Fall 2006 _____.
(print requested new advisor's name) *(term and year)*

_____
(student signature) *(date)*

Advisor Approvals:

I agree to release this student as my advisee: _____
(signature) *(date)*

I agree to accept this student as my advisee: _____
(signature) *(date)*

Departmental Approval: _____
(signature) *(date)*

____ Banner

____ SAAO

Revised 10/26/04