DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

REQUEST FOR CHANGE OF ADVISOR

Student: _____ UIN: _____

Degree objective (circle one): AM MS Ed.M. Adv.Cert. Ed.D. Ph.D.

I request a change of advisor from:

_____ to _____
(present advisor) (proposed advisor)

_____
(student signature) (date)

I agree to release this student as my advisee.

_____
(current advisor's signature) (date)

I agree to accept this student as my advisee.

_____
(proposed advisor's signature) (date)

_____
(department signature) (date)

cc: student
student file
former advisor
new advisor
division chairperson

rev. 6/09