

# COLLEGE OF EDUCATION

## CHANGE OF ADVISER FORM

Name: \_\_\_\_\_ UID (95#) \_\_\_\_\_  
(Last) (First) (MI) (Former)

Local Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Local Phone Number: \_\_\_\_\_ Permanent Phone Number: \_\_\_\_\_

1. In the space below, please state your reason for requesting a new adviser:

2. List your first and second choice proposal for a new adviser.

1<sup>st</sup> choice: \_\_\_\_\_  
2<sup>nd</sup> choice: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Current Adviser:** I have met with above named student concerning his/her request to change adviser.

\_\_\_\_\_  
(Signature of Current Adviser) (Print Last Name) Date \_\_\_\_\_

**Proposed New Adviser:** I agree to be the adviser of record for above named student.

\_\_\_\_\_  
(Signature of Proposed Adviser) (Print Last Name) Date \_\_\_\_\_

To be completed by the Department Head: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_  
If denied, give reason:

\_\_\_\_\_  
(Signature of Department Head) Date \_\_\_\_\_

**When completed, please forward this form to the Program Secretary.**