Graduate Program- Change of Advisor

First Name: ___________________________  Last Name: ___________________________

Student ID: __________________________ Program: Ph.D. ___ / Yr ___
Ph.D Minor ___ / Major Dept ___
Other: ________________________________

I hereby notify the Committee on Higher Degrees (CHC) of the change of my Department Advisor.

Interim Department Advisor: ___________________________

New Department Advisor: ___________________________  Effective: _________________________

Student Signature: ___________________________  Date: _____________________________
Advisor Signature: ___________________________  Date: _____________________________