## CHANGE OF ADVISOR FORM

I. To be completed by student.						
	MU I	D	Last Name	First Name		MI
Local Address:						
Street Address						
			City	State	Zip	
E-mail Address:						
Current Degree:ajjor:Option:						
Current Advisor						
Desired Advisar						
The desired advisorasagreed to be my new advisor: Ye No Not sure						
II.	7R EH FRPSOHW HcOrreEnt∖adwikolok,′OCRHbΩdke/pfβn∀ment chair.					
	Signature Date					Date

Complete one of the following:

Instructions for students:

- 1. Complete section with all requested information necessary for processing changes.
- 2. Please verify with the desired advisor that he/she is willing to accept you as an advisee.
- 3. Submit the form as an emailttachment to the Department thair, OR to your current advisor.

Rev. 3/27/2020