

PETITION FOR CHANGE OF ADVISOR

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|------------|------------|----|---------------|
| Last Name | First Name | MI | Student ID |
| Email | | | Phone |
| Department | | | Degree MS/PhD |

(1) Reason for change, (2) If PhD, must include detailed funding plan:

A student may change faculty advisors given that the proposed advisor is willing to supervise the student's work and the present advisor and/or graduate program director agrees to the change. The following signatures verify the agreement by both faculty members and/or graduate program director to the change of advisor.

| CURRENT/PROPOSED ADVISOR APPROVAL | | | |
|------------------------------------|-------|----------------------------------|-------------------------------|
| Current Advisor: | Date: | <input type="checkbox"/> Approve | <input type="checkbox"/> Deny |
| Proposed Advisor: | Date: | <input type="checkbox"/> Approve | <input type="checkbox"/> Deny |
| GRADUATE PROGRAM DIRECTOR APPROVAL | | | |
| Graduate Director: | Date: | <input type="checkbox"/> Approve | <input type="checkbox"/> Deny |
| Comments: | | | |