

# CHANGE OF ACADEMIC ADVISOR



Revised: 04/02

Department of Educational Administration and Policy Studies  
School of Education

TO: Chair, Curriculum Standing Committee, Department of Educational Administration and Policy Studies

FROM: \_\_\_\_\_ (Student Name)

Please fill out the following general information about the student

<b>Student ID Number</b>		<b>Degree Program</b>	<b>MS</b>	<b>CAS</b>	<b>Ph.D.</b>
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Phone (Home)</b>	( )	<b>Phone (Work)</b>	( )		
<b>Email</b>					

Please be advised that Professor \_\_\_\_\_

has agreed to serve as the Academic Advisor for my degree program.

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Signature, Student

Date

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Signature, Advisor

Date

CC: Department  
Previous Advisor \_\_\_\_\_ (Please fill in)  
New Advisor  
Student