

CHANGE OF FACULTY ADVISOR REQUEST FORM

Date: _____

Student's Name: _____ Social Security No. _____
Last, First Middle

Degree: *Please check appropriate box(es)*

_____ ASCI (Preliminary ASC)

_____ ASCII (Professional ASC)

_____ M.Ed.

_____ M.A.

_____ M.A. (Special Ed.) and Credential

_____ Ph.D.

Current Specialization Area:

_____ Institutional Leadership and Policy Studies

_____ Curriculum and Instruction

_____ Educational Psychology

_____ School Psychology

_____ Special Education

Note: If the new advisor is in a different specialization area than the one to which you were admitted, the new specialization area must also approve of the change. It is your responsibility to inform your current faculty advisor of this request before submitting this form. Your signature below indicates you have done this.

This is a request to change my faculty advisor from: _____ to _____

This is a request to change my specialization area to: _____

Justification for requested change:

I have informed my current advisor of my request to change to a new advisor.

Student Signature Date

If the request is approved, I am willing to become this student's new faculty advisor.

Signature of Requested Faculty Advisor Date

TO BE COMPLETED BY GSOE GRADUATE DEGREE OFFICE:

Signature of Graduate Advisor Date

Approve
Disapprove

Convenor signature, new program area Date

Approve
Disapprove