



OFFICE OF STUDENT SERVICES GRADUATE STUDIES

Memorandum

To: Department Graduate Director

Student's Dept/Program

From:

Student's Name

UID Number

Date:

Re: ADVISOR CHANGE REQUEST AND/OR REQUEST FOR CHANGE IN AREA OF SPECIALIZATION

This is to request a change of my current advisor:

(Current Advisor's Name) to (Requested Advisor's Name)

(Advisor Email Address) (Advisor Phone Number)

Please check one of the following:

I am not requesting a change in my area of specialization as a result of my advisor change request.

In addition to requesting an advisor change, I would like to request a change in my area of specialization: from (current area of specialization) to (requested area of specialization)

My department requires a review of my original admission materials in order to change my area of specialization. I have attached a new "Statement of Purpose" and any required support documentation, that was not included in my original application. (Please submit this request, with your signature only, to the Office of Student Services directly. Your request and application materials will be routed to the appropriate admissions committee for review. Departmental signatures on this form, will be requested after the admission review.)

In addition to requesting an advisor change, I would like to request a change in my area of specialization: from (current area of specialization) to (requested area of specialization)

My department permits a change in area of specialization in conjunction with my advisor change request, and does not require an additional review of my original admission application materials.

Student's Signature Date Current Advisor's Signature (if available) Date

Requested Advisor's Signature Date Department Graduate Director's Signature Date

Please submit the approved advisor and/or area of specialization change form to the Office of Student Services, room 1204 Benjamin Building.