



# UNIVERSITY OF MARYLAND

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OFFICE OF STUDENT SERVICES  
GRADUATE STUDIES

## Memorandum

**To:** Department Graduate Director

**From:** \_\_\_\_\_  
Student Name UID Number

**Date:**

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

This is to request a change of \_\_\_\_\_ advisor, and/or a change in my \_\_\_\_\_ area of specialization.

*(Please check appropriate space, or omit what is not appropriate).*

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

\_\_\_\_\_ Department  
Area of Specialization (list current area, or indicate new area)

(Please check with your department if you intend to change your area of specialization. Some departments allow for a change of area of specialization in conjunction with the advisor change request, and do not require a separate review for readmission to a new area of specialization. However, in most departments in the College of Education, the request for an advisor change alone is *not* used for the purpose of changing an area of specialization. To initiate a "review" for readmission to a new area of specialization the student should attach a written request to this form, with a new statement of purpose, and submit them to the Office of Student Services. In such cases, materials required for admission to the requested area that are not on file will need to be submitted for review.)

\_\_\_\_\_ Date  
Student Signature

\_\_\_\_\_ Date  
Current Advisor's Signature (if available)

\_\_\_\_\_ Date  
Requested Advisor's Signature

\_\_\_\_\_ Date  
Department Graduate Director's Signature

The advisor/area of specialization change request form requires the signatures within the department as noted above. Please submit the approved advisor/ area of specialization change

form to the Office of Student Services, room 1204 Benjamin Building

/pad (06/25/2008)