Change of Advisor Form
For The Department of Educational Policy and Administration

Student Name_____
Last Name First Middle/Former

UofM Student I.D. No._____ Major_____

Degree_____ UofM Email Address_____

Complete this form to indicate the change of advisor. This form should be completed and returned to the Coordinator of Graduate studies in 330 Wulling Hall.

_____ _____ _____
Current Advisor (please print) Signature Date

_____ _____ _____
Current Co-Advisor (please print) Signature Date

_____ _____ _____
New Advisor (please print) Signature Date

_____ _____ _____
New Co-Advisor (please print) Signature Date

CC: Program Coordinator