



OFFICE OF STUDENT

From: _____
Student Name UID Number

Date:

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

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

(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.)

Student Signature Date

Current Advisor’s Signature (if available) Date

Requested Advisor’s Signature Date

Department Graduate Director’s Signature Date

The advisor

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

/pad (06/25/2008)