

**CHANGE OF FACULTY ADVISOR
REQUEST FORM**

Date: _____

Student's Name: _____ Student ID: _____
Last First Middle

Degree Objective:

_____ M.A. _____ M.Ed. _____ M.Ed. in Special Ed. with Credential _____ Ph.D.

Current Specialization Area:

- | | |
|--|--|
| _____ Applied Behavior Analysis | _____ Higher Education Administration & Policy |
| _____ Diversity and Equity | _____ Neuroscience and Education |
| _____ Education Policy Analysis & Leadership | _____ Research, Evaluation, Measurement and Statistics |
| _____ Education, Society & Culture | _____ School Psychology |
| _____ Educational Psychology | _____ Special Education |

NOTE: If the new advisor is in a different area of specialization than the one to which you were admitted, the new specialization area must also approve the change. It is your responsibility to inform your current faculty advisor that you are requesting to change advisor. Your signature below indicates you obtained his/hers approval.

Request to change my faculty advisor from: _____ to _____

Request to add a faculty co-advisor: _____

Request to change my faculty co-advisor from: _____ to _____

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's Signature Date

New faculty advisor and/or co-advisor approval: _____
Signature of Requested Faculty Advisor/Co-advisor Date

TO BE COMPLETED BY GSOE GRADUATE DEGREE OFFICE:

Graduate Advisor's Signature Date _____ Approve _____ Disapprove

Convenor's Signature, new program area Date _____ Approve _____ Disapprove