

Request for Change of Advisor

Student's Name _____ UIN _____

My current advisor is is not aware of my desire to change advisors.

Current advisor _____

New advisor _____

Requested effective date/term _____

Please provide a detailed explanation for your request (attach additional sheets if necessary).

**This request must be accompanied by a letter from the new advisor, indicating their willingness to accept you into their lab and detailing what financial support, if any, they intend to provide.

**Your current advisor must sign this form prior to final processing. The form will be returned to you to get the signature once the Associate Head and Department Head have signified their approval.

- Keys Returned**
- Laboratory Cleaning** Laboratory work areas have been cleaned and are ready for use by another student.
- Chemical Disposal** All inorganic and organic chemicals, and all radioactive materials, have been properly disposed of or returned to storage.
- Office Cleaning** Assigned office has been cleaned, books and papers removed, and equipment manuals returned.
- Publications** All publication obligations have been met or arrangements made.

(current advisor's signature)

Approve Deny

Approve Deny

Associate Head of Graduate Programs

Department Head

Date

Date

This form should be submitted to the FSHN Grad Support Office (260E1 Bevier Hall).