



CHANGE OF ADVISOR/SUPERVISOR

Full Name													
Student ID						-				-			
Date (DD/MM/YY)													
Program	<input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Computer Science						<input type="checkbox"/> Electrical Engineering <input type="checkbox"/> Mathematics <input type="checkbox"/> Physics						
Current Status	<input type="checkbox"/> MS Student <input type="checkbox"/> PhD Student						<input type="checkbox"/> PhD Candidate <input type="checkbox"/> TGS/ABD (Terminal Graduate Student/ All But Dissertation)						

Change of Advisor/Supervisor

Current Advisor/Supervisor's Name: _____

New Advisor/Supervisor's Name: _____

Justification for Change: _____

Student's Signature:

New Supervisor's Signature:

For Office Use Only	Date received by Graduate Program Coordinator:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Date processed by Departmental Graduate Program Committee:	
	Signature of Graduate Program Coordinator:	