

**School of Human Sciences
Change of Graduate Academic Advisor
Student Request Form**

Student Name: _____ **Student ID:** _____

Degree Level:	Master's	PhD	
Program:	Counseling & Development	Family Studies	Family Therapy
	Child Life	Child Development	Child Development & Early Education

I respectfully request that my graduate academic advisor be changed from:

_____ to _____

Current Advisor Signature: _____ **Date:** _____

Requested Advisor Signature: _____ **Date:** _____

For Department Use Only

Date Received: _____

Department Chair Decision: Request Approved Request Denied
Rationale:

Department Chair Signature: _____ Date: _____

Date Student Notified: _____

If approved and if student has a degree plan on file, the Graduate School must be notified.

Date Graduate School Notified: _____

In accordance with Leg. House Bill 1922, individuals are entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.

Revised July 2024