



# Change of Academic Advisor Form



## ECE Graduate Studies Office

Name: \_\_\_\_\_  
(Last, First)

Date: \_\_\_\_\_

UID: \_\_\_\_\_

First Term in Current Degree Program \_\_\_\_\_

Email Address \_\_\_\_\_

(Area Code) Telephone \_\_\_\_\_

This is to request that Professor \_\_\_\_\_  
(Present Academic Advisor)

be replaced by Professor \_\_\_\_\_ as my Academic Advisor.  
(Requested Academic Advisor)

**\*Please note that a new plan of study must be submitted with approval from the new academic advisor before the beginning of the next semester.**

History of Graduate Research Assistant support:

Period (Dates)	Full/Half	Supervisor

**"I certify that this form is correct and complete."**

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

**"I agree to serve as the student's Academic Advisor."**

\_\_\_\_\_  
Requested Academic Advisor Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

Graduate Director's Approval: \_\_\_\_\_

Date: \_\_\_\_\_

DO NOT WRITE BELOW - ADMINISTRATIVE USE ONLY	Initial
Database has been updated.	
If student is currently an RA with <b>present</b> Academic Advisor:	
-Contacted <b>present</b> Academic Advisor for comments (attached).	
- <b>Present</b> Academic Advisor had no comments.	