



Change of Academic Advisor Form



ECE Graduate Studies Office

Name: _____
(Last, First)

Date: _____

UID: _____

First Term in Current Degree Program

Email Address

Research Area

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 present Academic Advisor: | |
| -Contacted present Academic Advisor for comments (attached). | |
| - Present Academic Advisor had no comments. | |