



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 plan of study should be discussed with and approved by the new advisor.**

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.	