Request to Change Faculty Advisor
College of Education
Purdue University

(For use prior to an approved Plan of Study in order to update records in the Office of Graduate Studies)

Student's Name:	Degree:
Student's E-mail:	Option (Thesis/Non-Thesis):
Current Advisor's Name:	Department and Program Area:

Change of advisor requires the signature of both current and the proposed professor.

_____

Student's Signature Date

_____ _____

Current Advisor's Signature Date Proposed Advisor's Signature Date

Submit this form to the COE Graduate Studies Office, BRNG 6104

7/07