

## Arts & Sciences Department of Biological Sciences

## Change of Advisor Form

Student Name:		
Student CWID:		
E-mail Address:		
Date:		4
* * * * * * * * * * * * * * * *	* * * * * * *	* * * * * * * * * * * * *
wishes to engage as a new advisor and	obtain the faculty	th the faculty member whom the student member's consent, which is indicated by McCracken in 1324 SEC or Debbie Eads
department's graduate database. Advi former advisor.	isee lists are updat	the advisor change will be entered into the ded for both the student's new advisor and the state of the student's new advisor and the state of the s
		ent whose name is listed above.
(Signature)	(Date)	(Print Name)
Graduate Program Director		Department Chair
OFFICE USE ONLY		
Date Form Turned In:		
Entered Into Computer By:		Date: