REQUEST TO CHANGE GRADUATE ADVISER

|  |  |
| --- | --- |
| Student Name       |  BGSU ID #       |
|  |  |
| Program: [ ] Ph.D. [ ] MA [ ] Graduate Certificate in IIC [ ] Graduate Certificate in SIM |
| I would like to request a change in my graduate adviser, from current adviser (name)      to new adviser (name)      .Signatures:

|  |  |
| --- | --- |
| Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date (M/D/YY):       |
|  |  |
| New Graduate Adviser \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date (M/D/YY):       |
|  |  |
| Graduate Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date (M/D/YY):       |

 |