

Graduate Program Office

Advisor Selection Form

UIN #	Degree: PHD MS MEN
Last Name:	First Name:
First Semester:	Expected Graduation Date:
I have filed a degree plan:	
If yes, attach a copy of degree plan	
Transcripts atta	ched
I currently have an advisor	
If yes, current Advisor Nan	ne:
	(please print)
Current Advisor's Signatu	re:
Reason for requesting cha	inge:
	(please print)
New Advisor's Signature:_	
Graduate Office Approval:	
Date:	