School of Health and Rehabilitation Sciences
Change of Academic Advisor Form

Student complete Step 1:

**Step 1:**
Student Name (Print): ___________________________ People Soft ID: ___________________________

Effective Term: ___________ Department: ___________________ Degree seeking: ___________________

Student signature: _______________________________________________________ Date: ___________

Current Academic Advisor (Print): ____________________________________________

Signature of Current Academic Advisor: _____________________________________ Date: ___________

New Academic Advisor (Print): _____________________________________________

Signature of New Academic Advisor: ________________________________________ Date: ___________

➢ Student please forward to your Department Administrator

Department Administrator Complete Step 2:

**Step 2:**
Signature of Program Director: _____________________________________________ Date: ___________

➢ Department Administrator please forward to appropriate program administrator below

Program Administrator Complete Step 3:

**Step 3:**

Undergraduate Students (Turn into SMN Department Admin in 4033 Forbes Tower for signature below)

_____________________________________________________ Date: ________________

Dr. Kevin Conley, Associate Dean of Undergraduate Studies

Graduate Students (Turn into Debby Keelan in 4019A for signature of Dean of Graduate Studies)

_____________________________________________________ Date: ________________

Dr. Kelley Fitzgerald, Associate Dean of Graduate Studies

➢ Program Administrator please turn completed form into Chazz Williams in Student Services

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Updated in PS and email sent on: _________________________ By: ___________________________

➢ Chazz -Please forward forms for PhD’s back to Debby and all others to student services for filing