School of Health and Rehabilitation Sciences
Change of Academic Advisor Form

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: _______________

Reason for changing your advisor:

________________________________________________________________________________________

________________________________________________________________________________________

➢ Student please forward to your Department Administrator

Step 2:

Department Administrator Complete Step 2:

Signature of Program Director: _____________________________ Date: _______________

➢ Department Administrator please forward to appropriate program administrator below

Step 3:

Program Administrator Complete 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 4022 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