

**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: _____

Reason for changing your advisor:

➤ **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 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**

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**