

COLLEGE OF ENGINEERING CHANGE OF ADVISOR FORM

COMPLETE THIS SECTION IN FULL

PSID# (7 digit): _____

Student Name: _____ Expected Degree Date: _____

E-mail Address: _____

New Advisor (please print): _____ EMPL ID: _____

Dept. of New Advisor: _____

Previous Advisor (please print): _____

Dept. of Previous Advisor: _____

Signature of New Advisor: _____

Signature of Major Coordinator: _____
(for new advisor's department)

(Previous advisor's department will be notified by the Engineering Registrar's Office)

Date Approved: _____

Please return completed form to
Advisor's Dept. Office