

DEPARTMENT OF EDUCATIONAL AND COUNSELLING  
PSYCHOLOGY AND SPECIAL EDUCATION

**CHANGE OF PROGRAM ADVISOR or RESEARCH SUPERVISOR**

Student Name: \_\_\_\_\_

Student #: \_\_\_\_\_ Degree: \_\_\_\_\_ Program: \_\_\_\_\_

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| <p><b>I have changed my Program Advisor:</b> From: _____</p> <p>To: _____</p> <p>Former Program Advisor Signature: _____</p> <p>New Program Advisor Signature: _____</p> |
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| <p><b>I have changed my Supervisor:</b> From: _____</p> <p>To: _____</p> <p>Former Supervisor Signature: _____</p> <p>New Supervisor Signature: _____</p> |
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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form is to be completed, signed, and given to your Graduate Program Assistant for the Director of Graduate Programs to approve and sign before it is placed in your file.**

Approval of Director of Graduate Programs

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Database updated on \_\_\_\_\_ by \_\_\_\_\_