CHANGE OF ADVISOR FORM – BSN, MN, MSN or DNP

Name of Student: ______________________________ EMPL ID: ________________
(Please Print)

Program:  BSN ___  MN ___  MSN ___  DNP ___

After discussing the matter with both professors, I request a change of advisor as follows:

From: __________________________________________________________________
(Print Name of Present Advisor)

To: __________________________________________________________________
(Print Name of New Advisor)

__________________________________________________________________________

Are you also changing your major? Yes_________ No_________

New major: ____________________________________________________________

______________________________________________________________

SIGNATURES

Student: ___________________________________________ Date ___________

Present Advisor: ___________________________________________ Date ______

New Advisor: _____________________________________________ Date ______

APPROVAL

Signature: _________________________________________________ Date _______

(Program Director)

When you have completed this form, return it to the appropriate Program Director *

*BSN forms must be routed to pxm311 in the Office of Undergraduate Studies

j:/forms/change of advisor form with new logo-revised 11/23/15