

**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 turn completed form into Student Services**

Updated in PS and email sent on:

By:

Student Services please forward forms for PhD's back to Courtney and all others can be filed