

CHANGE OF ADVISOR FORM

Department of Electrical & Computer Engineering

DATE	STUDENT NUMBER:	
STUDENT NAME:		
Last name	First name	Middle Initial
REASON FOR CHANGE (optional)		
PREVIOUS ADVISOR and/or CO-ADVISOI	R	
Print Name of Previous Advisor	Signature	Date
		Employee Number
Print Name of Previous CO-Advisor	Signature	Date
NEW ADVISOR and/or CO-ADVISOR		Employee Number
Print Name of NEW Advisor	Signature	Date
		Employee Number
Print Name of NEW CO-Advisor	Signature	Date
		Employee Number
SIGNATURES		
Student's Signature		Date
Department Head or Designate Signature		Date
cc: Former Advisor New Advisor Student file		