



CHANGE OF ADVISOR / CO-ADVISOR FORM

Graduate Program in Biomedical Engineering

DATE _____

STUDENT NUMBER: _____

Student Last name

Student First name

Student Middle Initial

REASON FOR CHANGE (*optional*)

CURRENT ADVISOR

Signature

Employee Number

Date

Print Name of Previous Advisor

CURRENT CO-ADVISOR

Signature

Employee Number

Date

Print Name of Previous Advisor

CHANGE TO

NEW ADVISOR

Signature

Employee Number

Date

Print Name of New Advisor

NEW CO-ADVISOR

Signature

Employee Number

Date

Print Name of New Advisor

Student's Signature

Date

Department Head or Designate's Signature

Date

cc: Former Advisor
New Advisor
Student file