

CHANGE OF ADVISOR FORM

Please Note: If you are in a Joint Clinical Program, please use the Joint Program Advisor Form.

Student Name: _____

Graduate Program: _____

I have changed my advisor and request that this information be changed on my record in the Psychology Graduate Office.

Name of New Advisor (please print)

Signature of Student

Date

Signature of New Advisor

Date

Signature of Old Advisor

Date

RETURN THE SIGNED FORM TO ROBIN JACKSON'S MAILBOX IN 1153 URBAN LIFE.