

Change of Advisor

Name of Student: _____ ASU ID: _____

Enrolled in the graduate program since: _____ Proposed date of change of advisor: _____

Reason for change of advisor:

Title of present research project: _____
Summary of present research project:

Title of new research project: _____
Summary of new research project:

Do you appeal for a delay of the oral exam? Yes No

Do you appeal for making further changes to your supervisory committee? Yes No

If yes, please indicate the changes:

To be completed by the New Advisor:

How is the student going to be supported in your group for the next two years? % RA _____ % TA _____ Summer support _____
Comments:

New office room: _____ Phone: _____

Approvals:

Current Advisor _____
Print Name Signature Date

New Advisor: _____
Print Name Signature Date

To be completed by the Graduate Programs Committee:

The oral exam must be taken by _____

Graduate Program Committee Chair: _____ Date: _____