



College of Education and Human Development
Student and Academic Affairs
 4400 University Drive, MS 4B4
 Fairfax, Virginia 22030
 Phone: 703-993-2080; Fax: 703-993-2082

CHANGE OF GRADUATE ACADEMIC ADVISOR

Last Name _____ First Name _____ M.I. _____

Student G# _____

Student's Signature _____ Date _____

Current Program _____

Current Advisor _____ New Advisor _____

Any change in academic advisor must be approved by the program coordinator. If you have no preference, an advisor will be assigned.

Reason(s) for request:

- Check one: Scheduling conflicts
 Communication difficulties.
 Other _____

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APPROVAL: Department Use Only:

Academic Program Coordinator: _____ Date: _____

CHANGE OF GRADUATE ACADEMIC ADVISOR

Purpose: To request a change of graduate academic advisor within the student's program for the reasons indicated (i.e., scheduling conflicts, communication difficulties, other).

Instructions: Students must first identify and discuss the change with their prospective advisor. The following signature is needed for approval:

- Academic Program Coordinator

The form is then processed within the program.

Notes: The actual advisor change is entered in the system by the Program Office Manager for their program and the form should remain in their unit files.

The form **does not** require the signature of the Associate Dean for Student and Academic Affairs (Dr. Ellen Rodgers).