



Change of Academic Advisor Form
Harvard T.H. Chan School of Public Health
DrPH Program

Instructions: Please type or print legibly. Return to the DrPH Program with appropriate signatures.

Name: _____ Harvard ID: _____

Previous Academic Advisor: _____

New Academic Advisor: _____

Reason requesting to change academic advisor:

Required Signatures

_____	_____ / _____ / _____
Previous Academic Advisor	Date
_____	_____ / _____ / _____
New Academic Advisor	Date
_____	_____ / _____ / _____
DrPH Program Assistant Director	Date

For Office Use Only

- The change of advisor has been approved
- The change of advisor has not been approved for the following reason:

- Updated in My.Harvard
- Sent Advisor/Advisee Instruction