Environmental Health | Epidemiology | Global Health & Population | Nutrition | Social & Behavioral Sciences

Request to Change Advisor

Use this form to request a change of advisor. Review this request with the your current Faculty Advisor, future Faculty Advisor, Field of Study Academic Administrator, and PHS Director obtaining necessary signatures. Return the form to the PHS office for processing.

TO BE COMPLETED BY STUDENT	
STUDENT:	DATE:
FIELD OF STUDY:	HUID:
AREA OF SPECIALIZATION:	
FORMER FACULTY ADVISOR:	DEPARTMENT:
NEW FACUTLY ADVISOR:	DEPARTMENT:
Student Signature:	Date:
TO BE COMPLETED BY FORMER ADVISOR, NEW ADVISOR, ACADEMIC ADMINISTRATOR AND PHS DIRECTOR	
I have spoken with the student and support their change in faculty advisor.	
Former Advisor Signature	Date:
New Advisor Signature:	Date:
Field of Study Signature:	Date:
PHS Program Signature:	Date:
cc: ☐ Student ☐ Former Academic Advisor ☐ New Academic Advisor ☐ Academic Administrator ☐ PHS Office ☐ Student File	