



William & Mary
School of Education

Request for Advisor Change

Please Print:

Student ID # 93 _____ Name _____

Degree Program and Concentration: _____

Request advisor be changed from

_____ to

_____.

Approvals

Former Advisor Signature: _____ Date: _____

New Advisor Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

TO STUDENT:

Once your request for a change of advisor has been approved, please contact your new advisor at your earliest convenience to discuss your degree evaluation.

<p><i>Office Use ONLY</i></p> <p>Date processed: _____ Effective Term: _____</p>
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