COLLEGE OF ENGINEERING
CHANGE OF ADVISOR FORM

STUDENT: COMPLETE THIS SECTION IN FULL

PSID# (7 digit): __________________________

Student Name: ___________________________  Expected Degree Date: ______________

E-mail Address: __________________________

DEPARTMENT: COMPLETE THIS SECTION AND SIGN

New Advisor (please print): ___________________________  EMPL ID: __________

Dept. of New Advisor: ________________________________________________________

Previous Advisor (please print): _________________________________________________

Dept. of Previous Advisor: ______________________________________________________

Signature of New Advisor: ______________________________________________________

Signature of Major Coordinator: ________________________________________________
(for new advisor’s department)

(Previous advisor’s department will be notified by the Engineering Registrar’s Office)

Date Approved: ______________________

When completed, Advisor’s Department sends original to Engineering Registrar, retains copy for Department records