REQUEST TO CHANGE ADVISOR

Date of change request: ______

Please indicate below the person initiating this request:

☐ Student
☐ Advisor

_____________________________   ______________
Signature (New Advisor)    Date

_____________________________   ______________
Signature (Former Advisor)    Date

I understand that changing my Advisor may delay my completion of the MS in Nutrition program requirements:

____________________________   ______________
Student Signature     Date

Describe how this change will affect the progress of your completion of the Non-thesis Project or Thesis Research component of your program: ______

_____________________________   ______________
Signature (Program Director)    Date